MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3585

CERTIFICATE OF DEATH

03578

				Kag. Dist. 140.
1. PLACE OF DEATH O. COUNTY Wa shington	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Marylan	d b. COUNTY	n: Residence before admission) Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	4 years	c. CITY OR TOWN (If o	town to a second	
d. NAME OF HOSPITAL (If not in hospital, give street or Institution Jackson Nursing Hos		d. STREET ADDRESS 322 N. P	otomac St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Maggie 1	Middle Lavinia Al	bert	4. DATE Month OF DEATH March	23 Year 19 59
5. SEX 6. COLOR OR RACE 7. MARR Female White WIDOW	DIVORCED	8. DATE OF BIRTH Feb. 12, 18	83 76 birthdoy)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of westing life, even if retired) House 11e	Own Home		or foreign country) County Md.	U. S. A.
John Eisenhar		14. MOTHER'S MAIDEN N	ary Wilt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause of PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)]	16-07-3098 M	rs. Marguer	ite Moore H	interval setween
Conditions, if any, which gove rise to immediate couse (a), stating the undertying couse lost.	etestatec	Cons	un.)	Comus
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFICANT CONDITIONS OF THE				N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING (1) 20b. DESK OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. It While of worl	Not while to	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that I attended the decease alive on 218 5 19 3.23.59 ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SAME (Type) S. Earl Young			M, from the causes an ADORESS (Street, city or lown, st Potomac St.	that I last saw the deceased and an the date stated above.
220. BURIAL, CREMATION 226. DATE THEREOF 3-26-59	20c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or Hagerstown	
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Sc	ADDRESS On Hagerstow	240. RBO'R	PRY-REGISTRAR 245, REGIST	RAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 funeral director, outd be filed with moy be retained by the hospital or attending physician.

TO FUNERAL (** STOR: After this certificate has been signed by the attending physician and completely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove capture begins a feel death. The registrar prior to burial, cremation, or removal, and in any event within 72 fours after death. VS A15 (4) 15M 9/55

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	titi) that	15	Joan Piconia
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VS A15 (4)

15M 10/57

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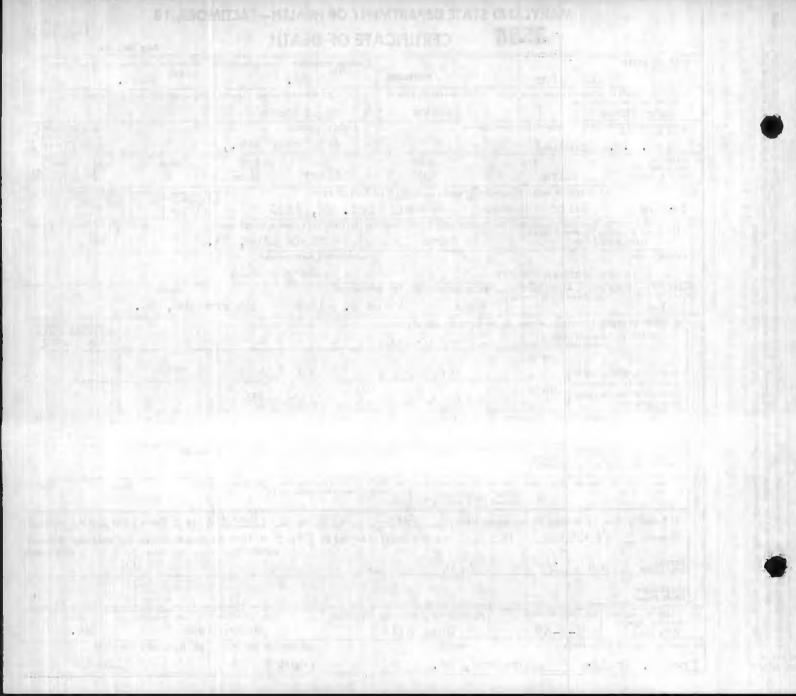
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	-	AND			ENT OF HEALTH		TIMORE, 1		ist. No		579
COUNTY	ashington		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Md.	nere decease	B. COUNTY		nce befo		on)
CITY OR TOWN (IF RURAL and give ne Tagerstow		ts, write	c. LENGTH OF STAY IN	4 16	c. CITY OR TOWN (Ho		rote limits, write R	URAL and	give nec	prest town)
NAME OF HOSPITA OR INSTITUTION Vash. Co.	Hospital	ive street	address)		d. STREET ADDRESS 401 Brown	n Ave.	,				DENCE FARM? NO X
ME OF CEASED pe or print)	Elva	sf	Middle May		Alter	4. DATE OF DEATH	Man 3		Do	9	ear 9 59
emale	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED ED DIVORCED	_	Oct. 29, 189	3	9. AGE (In years last birthday) 65 yrs.	Months Manths	R 1 YEAR Days	Hours	R 24 HRS. Min.
Usual Occupation uring most of works house	ing life, even it refired	dane 10b.	kind of Business or	INDUS	State		-	12. C	US.		COUNTRY
THER'S NAME Jame	s Vernon B	ower			14. MOTHER'S MAIDEN N						
AS DECEASED EVER	IN U. S. ARMED FOR I yes, give wor or dates of s	CES? 16.	social security No.		ra D. Alter	Над	Addr gerstown,				
	H WAS CAUSED BY: IMMEDIATE CAUSE (o		ne far (a), (b), and (c).)	a					INTI	RYAL BE	ASA OF YTH INVERN
Conditions, if an gave rise to in cause (a), stating t	mediate () areeno	Ma	of ova	My	with			26	we
ying cause last. PART II. OTH	er significant con	DITIONS	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(a) 1	9. WAS A PERFOI	NO Z
OG. ACCIDENT WAS R CONTRIBUTING F EITHER, NOTIFY	UNDERLYING DEATH	20b. DES	CRIBE HOW INJURY OCC	URREC	7. (Enter nature of injury in f	Part I or Part	II of item 18.)				
c. TIME OF INJURY Haur a.m. p. m.	Month, Day, Yes	20d. II While at wor	Not while	Oe. PLA fac	CE OF INJURY (Home, form lary, street, affice bldg., etc.	20f. (City	ar town)		(County)		(State)
I. I certify the	at I attended the	deceas	ed from 6	we	195X, to 2	1/6	ch 1954	Lihat I	last so	w the	deceased

15, W (Yes, n MEDICAL CERTIFICATION 200 and that death accurred at 500 f.M. from the causes and on the date stated above. alive on. HAROLD H. GIST, M. D. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) DURIAL 226. DATE THEREOF 22d. LOCATION (City, lawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Rose Hill Md. 3-5-59 Hagerstown 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE arthur S. Kines Fred W. Kraiss Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03580

36	57	CERTIFI	CATE	OF DEATH	1		Reg. Dist. N		00011
1. PLACE OF DEATH o. COUNTY ASHINGTON		MARYLAN	0 6	AL RESIDENCE (WE	tere decease	d lived. If institution b. COUNTY		efore odn	
b. CITY OR TOWN (If outside corporate lim RURAL and give nearest fown)	nits, write	C. LENGTH OF STAY IN	16 c. C	CLEAR	SPRIN				
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street o	oddress)	/ d. 5	TREET ADDRESS	REET			ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print) HOMARI)	irst	Middle EDWIN	Alike	N M.Y	4. DATE OF DEATH	Mon 3		Doy	Year 19 59
5. SEX ALE 6. COLOR OR RACE WITTE	WIDOWE		1/8/1	2/03		9. AGE (In years lost birthdoy) 50 yrs.	Months Doy		The second second
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired STORIS KINE FER	d) 1	CUIOH	NDUSTRY 11.	ARYLAND	or foreign c	auntry)	U.S.		AT COUNTRY
13. FATHER'S NAME HOVARD 1. ANKENE	Y		14. MC	LA DAV					
15. WAS DECEASEDEVER IN U. S. ARMED FOI Yes, no. or unknown (II yes, give wor or dates of		OCIAL SECURITY NO.	7. INFORMA		KEVEY	Addi Oliz	CAR SPI	(I.IG	, ND.
18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c. L.		gberten	Coror	rary Car	du	ic &			BETWEEN ND DEATH COLOR
PART II. OTHER SIGNIFICANT CON PART II. OTHER SIGNIFICANT CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTIN	VDITIONS CO	ONTRIBUTING TO DEATH					EN IN PART 1(a	PER	S AUTOPSY FORMED?
20c. TIME OF INJURY Month, Day, Ye Hour o. m. 19	While	JURY OCCURRED 20e	factory, street	NJURY (Home, form e), office bldg., etc.	, 20f. (City	or lawn)	(Count	y)	(State)
21. I certify that I attended the alive an Har St. ACTUAL SIGNATURE DEVICE VICE NAME (Type) DEVICE VICE VICE NAME (Type)	decease , 193	-0	-			n the causes a			
PULL ALL Specify 3/23/5		27c. NAME OF CEMETER ST. PAUL		LTERY		MON (City, town, o	e county) EING, MI		ole)
23. EUHERAF DIRECTOR'S SIGNATURE	CLE	ADDRESS AR SPRING,	MD.		BY REGIST		TRAR'S SIGNAT		

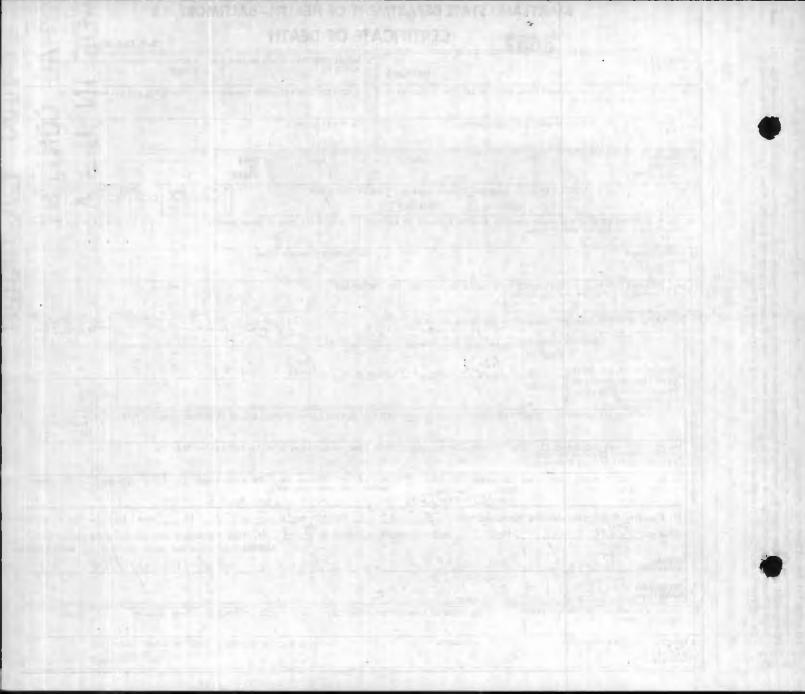
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 funeral director, old be filed with most the following property of the hospital or attending physician.

The function and campletely filled in by the other physician and campletely filled in by the function of the following property of the following property of the following property of the following following the registrar prior to buriol, cremotion, or remayal, and in any event within 22-hours ofter death.

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Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTWAShington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Washington
	b. CITY OR TOWN (If autside carporate limits, write RUPAL and give negrest tawn) Hagerstown 48 years	c. CITY OR TOWN (If outside corporate limits, write RURAL onto proceed town) Hagerstown
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTRUMENT E. Washington St.	d. STREET ADDRESS 232 E. Washington o. IS RESIDENCE ON A FARM? YES NOTE
	NAME OF First Middle DECEASED (Type or print) Vernon Marshall Bo	achtell 4. DATE Month Day Year Of DEATH March 7 19 50
		8. DATE OF BIRTH August 16, 1891 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Manifis Days Hours Min.
_	usual Occupation (Give kind of work done of the control of Business OR INDU during methof working life, even if retired) City of Hag.	0. D. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Ellis Uperdegrove	Grace Bachtell
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Mrs. Cottie Miller Hagerstown Md.
NOI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HOLD TO Canditians, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO NO. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL (20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Stole) (Caunty)
	21. I certify that I attended the deceased from Feel alive on That 5 1259, and that death actual signature Frank F. Lusby	, 1946, to Mar 7, 1947, that I last saw the deceased to occurred at 6 A. M., from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ADDRESS (Street, city or lown, state) Hagerstown Hagerstown Md.
220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	100000000000000000000000000000000000000
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS COTT F. Minnich & Son Hagerstown	240 SEG DEY REQUITRAR 245 REGISTRAR'S SUCNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or otherding physician.

TO FUNERAL DIFFOR: After this certificate has been signed by the otherding physician and campletely filled in by, if funeral director, page 3 should detailed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 lid be filed with the registror prior to burial, cremation, or remaval, and in any event within 72 hour ofter death.

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Court of Linear Di	elected on a second
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P. St. 178. Totals Maller Carrier of	March 1
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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE

03582

IS RESIDENCE

ON A FARM? YES NO

Year

19

PERFORMED?

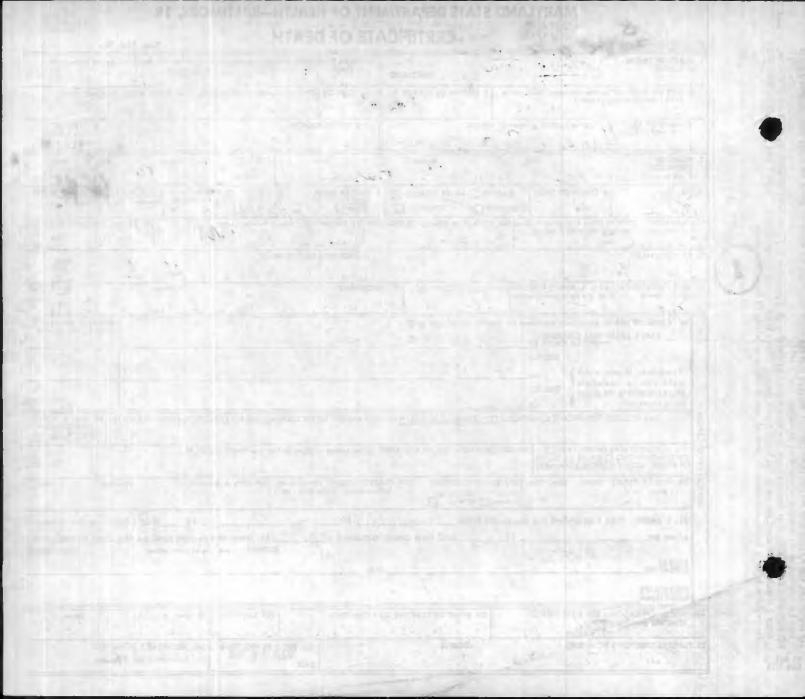
YES NO

(State)

DATE SIGNED

(State)

Hours



may be retained by
TO FUNERAL D'
page 3 shauk
the registrar priar to

VS A15 (4) 1SM 10/57

CERTIFICATE OF DEATH

03583 Rea. Dist. No.

3659	CERTIFIC	ATE OF DEATH	1	Reg. Dis		000
1. PLACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who state language)	ere deceased lived.	If institution Resident	te before odmissi	on)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporata lin			
RURAL ond give negrest town) Hagers town	5 Months	Hagerstown				
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS	1		e. IS RESI	
Gateway Convelesent	Hon.e	1704 West	Washing	ton Street	t YES	
3. NAME OF First DECEASED (Type or print) John Wesle	Middle	Barnes	4. DATE	Month arch	+	, 59
S SEX 6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	A STATE OF THE PARTY OF THE PAR	TYEAR IF UNDE	
Male white wow			T0001 8	3 yes Months	Days Hours	Min.
10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) FATILOT 13. FATHER'S NAME	Retited	JSTRY 11 BIRTHPLACE (Stole Maugansv 14. MOTHER'S MAIDEN N	ille K	. UO.	S.	COUNTRY?
			_	A.c.a.a.		
Thornton Barnes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.	Mary	R	ipple		
(Yes no or unknown) (If yes, give wor or dofer of service)	218-24-1857		arnes 1	309°Virgi	nia Av	е
18. CAUSE OF DEATH [Enter only one couse per il PART 1 DEATH WAS CAUSED BY:	ine for (o), (b), and (c)]	1. A. H	on X	Azo	INTERVAL BET	DEATH
IMMEDIATE CAUSE (6) CO	acu yu	mu ji	and the second	1000	d.4.	22
Conditions, if ony, which)						
gove rise to immediate						
couse (o), stoting the under- lying couse lost.						
Part II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PART	1(o) 19. WAS A PERFOR	RESED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in F	art I or Part II of i	tem 16.)	·	
ZOC. TIME OF INJURY Month, Day, Year 20d Hour o m. 19 while of wo	Not while	LACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f (City or tow	(C)	ounty)	(State)
21. I certify that I attended the decease olive an		5 , 19,58, to 12.		causes and on th	ast saw the o	leceased d abave.
ACTUAL SIGNATURE MATTER STATEMENT OF THE	rewer	MD 130	ADDRESS (Street, ci	ly or lown, state)	3//	SE SIGNED
PHYSICIAN'S DEVICE T	Brew	ez- Cle	ar b	bring	Meli	,
220 BURIAL, CREMATION, 225 DATE THEREOF		OR CREMATORY	22d. LOCATIONIE	lity, town, or county)	(Stole)
Burial 3-12-59	Lanor Ceme		lghming		Co. Md	
23 FUNERAL DIRECTOR'S SIGNATURE	O.E.Antietan	St. 246. REC'E	BY REGISTRAR	24b. REGISTRAR'S SIG	1.4	
	orare town	DATE MI	IR 1 3 '59	arthur &	Thank	



1 PLACE OF DEATH o COUNTY MARYLAND 483 b CITY OR TOWN (If outside corporate limits, write RURAL and ourse nearest town) c LENGTH OF STAY IN 16 d NAME OF HOSPITAL (If not in hospital) d STREET ADDRESS DATE OF DEATH NAME OF 4 First Middle DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) S. SEX WIDOWED | DIVORCED | 3 m 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired) carbon 13 PATHER'S NAME 14 MOTHER'S MAIDEN NAME af. 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART 1. DEATH WAS CAUSED BY: Postoperative Pulmonary Embolus IMMEDIATE CAUSE (o) DUE TO ģ Postoperative Phlebothrombosis Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE Coronary Spasticity .- Post Infarction Myocardial Fibrosis 200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED Day, Year factory, street, office bldg., etc.) Hour o. m While Not while of work 21. I certify that I attended the deceased from 9-1-39 _, 19.___, ta _ 2-28-50 ACTUAL SIGNATURE 000 PHYSICIAN'S W. C. Brewer. M.D. NAME (Type) FUNER MOVAL (Specify) 220 BURIAL CREMATION. DATE THEREOF 22c MATAB OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) abod 0 23. FUNERAL DUBECTOR'S SIGNATURE **ADDRESS** REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b VS A15 (4) DATE MA 15M 9/55

03583 3588 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution, for dence before admission) b. COUNTYS c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) . IS RESIDENCE ON A FARM? YES NO TE Year 195 IF UNDER 1 YEAR IF UNDER 24 HRS Months Davi 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH sec. 8 darrs Approxis (c) Abdominal Carcinomatosis - Primary Site: Ovary ASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES NO IX (County) (State) ____that I last saw the deceased and that death accurred at 1.05 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 359 E. Baltimore St., Greencastle, Pa. 3-1-59

(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO FUNERAL OF

VS A15 (4) 1SM 10/S7

g is

03585

3589

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY	shington		mary:		o STATE	NCE (Whi	_	tived If institution b. COUNTY		e before odm	,
	f autside carparate limit torest town)	s, write	c. LENGTH OF STAY I	N 1b	c CITY OR TO		uiside corpoi	rate limits, write R	URAL and gr	ive nearest to	wn)
d NAME OF HOSPIT	At (If not in hospital, g		_ '		836 ROE	DRESS	11 Av			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	GDL RGE	al .	Middle FREDERICK		BLOOM		4. DATE OF DEATH	March	†h	Doy 7	Year 19 59
s sex	6 COLOR OR RACE	7 MARRIE		10.25	DATE OF BIRTH	4, 18	893	9 AGE (In years lost birthdoy) 65 yrs		YEAR IF UN	DER 24 HRS
10a USUAL OCCUPATION during most of work Green. 13. FATHER'S NAME	ung lite, even it relired)	1	IND OF BUSINESS OF			stow	n, Mar	ountry)	12 (11)	U.S.A	AT COUNTRY?
	ederick Ma					Ma	ary Ba	ker			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INF	ORMANT			Add	reis		
DG	TH [Enter only one co			Mr	. Mabel	L. F	Bloom	Hagers	town,	Mary	land
Conditions, if or gave rise to it couse (a), staling lying couse lost.	mmediate (Dus 70		INTERBUTING TO DEA	TH BUT N	OT RELATED TO T	HF TFRAM	NAI DISEASI	F CONDITION GIV	EN IN PART	161 19 WA	SALITOPSY
5 Dra	beter M	elle	tre				THE BROKENS		LIA II A I PRI	PERI	ORMED?
PART II. OTH	S UNDERLYING (1) CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCR	IBE HOW INJURY OC	CURRED.	(Enter noture of I	njury in P	ort I or Fart	II of item 18.)			
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	Not while	20e. PLAC focto	E OF INJURY (Ho ry, street, office b	me, form, ldg., etc.)	20f (City	or lown]	(Ce	ounty)	(Stote)
21. I certify the alive an	at lattended the	deceoses 192	/ / 1 - 1		. 19.52 occurred a18 0.230 Hay	40/		the causes of reet, city or town,	ind an th	e date sta	
220 BURIAL, CREMATION REMOVAL (Specify)	3/10/1.96		22c NAME OF CEMET					ION (City, lown, o			ote)
Burial 23 FUNERAL D RECTOR'S			ADDRESS	UB.		4g, REC'D	Hage:	ratown	STRAR'S SIGI	NATURE	nd
Suter-Rouse	r Funeral F	lone	Ha cerstown	. Md		ATE MAS		_	Thung S. ;		



15M 10/57

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e. IS RES. DENCE

YES NO

Year

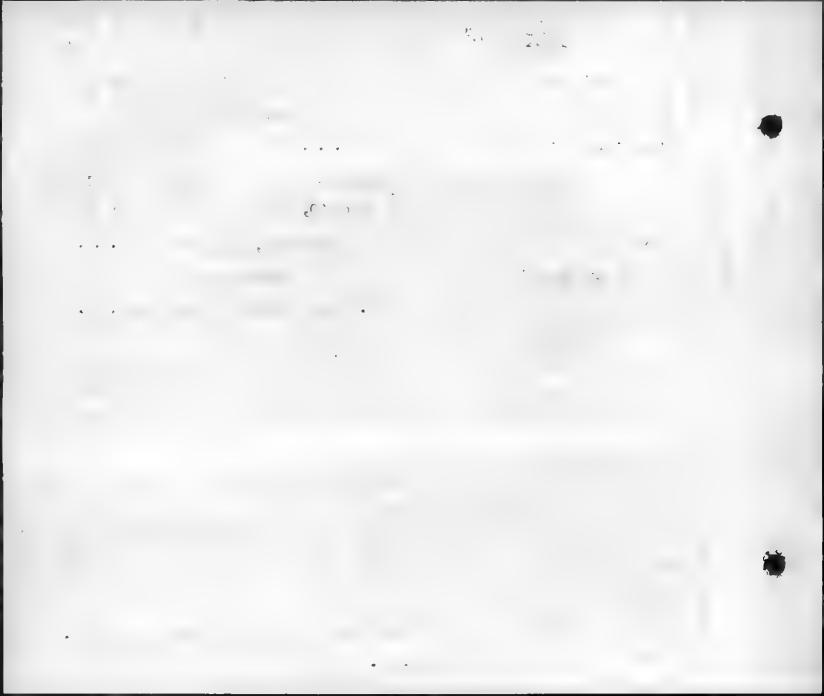
19 59

302 Rea. Dist. No.

Franklin

MARRIED NEVER MARRIED 1 8 DATE OF BIRTH	P AGE (In years	IF UNDER 1 YE.	AR IF UNDER 24 HRS
NOOWED DIVORCED March 20, 1959	last birthday) yrs	Months Day	s Hours Min
ne 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign	country)	12 CITIZEN	OF WHAT COUNTRY?
Hagerstown, M	aryland	U.	S.A.
14. MOTHER'S MAIDEN NAME			
ll Joann	Dice		
S? 16. SOCIAL SECURITY NO 17. INFORMANT	Addr	ess	
none Mr. Henry Brechbil	1 Chambe:	rsburg,	Pa.
e per line for (a), (b), and (c)]		0	NTERVAL BETWEEN
Prematurit			
TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVE	EN IN PART I(o)	19. WAS AJTOPSY PERFORMED? YES NO
b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or P.	art (1 of item 18.)		
20d. INJURY OCCURRED While Not while at work at work at work at work at work.	ily or tawn)	(Count	ly) (State)
eceased from Merch 20, 1957, to March	2/ 1957	that I last	saw the deceased
, 19.57 , and that death accurred at 7.5° 1M, fro	om the causes a (Street, city or town,	nd an the a	date stated above. DATE SIGNED
22c. NAME OF CEMETERY OR CREMATORY 22d. LOC	ATION (City, lawn, a	r county)	(State)
9 New Guilford Cemetery New	Guilford		Pa.
ADDRESS Chambersburg, Pa. Chambersburg, Pa. Date 24g. REC'D 8Y REG'D 8Y	STRAR 246 REGIS	TRAR'S SIGNAT	JURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3591

CERTIFICATE OF DEATH

Reg. Dist. No. 302

03587

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived. If institution:	Residence before admission)
Washington	MARYLAND	o. STATE Maryl.	and b COUNTY	Washington
b CITY OR TOWN (If outside corporate if RURAL and give nearest lown) Hagerstown	imits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	nde corparate limits, write RURA	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION Count	l. give street address) y Hospital	/d. STREET ADDRESS 704 Oak Hi		e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) PHILIP	First Middle HAMAKER	BREHM 4	OF MATCE	23 Year 19 59
Male White	7 MARRIED NEVER MARRIED WIDOWED DIVORCED	April 10,1869	lost bythdoy) M	UNDER 1 YEAR IF UNDER 24 HRS onths Doys Hours Min
100 USUAL OCCUPATION (Give kind of wo during most of working life, even if retir Retired Coffee Merc	red]]	Lancaster	Co., Pa.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Philip W.			ara Hamaker	
15 WAS DECEASED EVER IN U. S. ARMED F. [Yes no. or unknown) [(If yes, give wor or dates:	of service)	INFORMANT	Address	363
no		Miss. Mildred B	rehm Hageret	
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE BY DUE	161 Cerebrel	Hemorrh	3 } 4	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying couse lost.	10 Arteriose	8-6110-8	onereliza	d Years.
PART 11. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 Hemorrha	4	Le Donel		YES NO
PART 11. OTHER SIGNIFICANT CO Hemory 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINER	1206, DESCRIBE HOW INJURY OCCURR	(Enter noture of injury in Port	t f or Part II of item 18)	
20c. TIME OF INJURY Month, Day, Hour o. m. p. m.	While Not while	ACE OF INJURY Flome, form, ictory, street, office bldg., etc.)	20f (City or town)	(County) (Stole)
21. I certify that I attended th	he deceased from Mz Y 1	1 1959, ta Mi	erch 23, 1957,11	hat I last saw the deceased
				an the date stated above
(n) / -	1/11		DRESS (Street, city or town, stat	
SIGNATURE CONTRACTOR	· laffme	MD. 214 N	Potome	(1+ . 3/23/5
PHYSICIAN'S APOY A	A-HOFFmer	- H3	gersten	~ , md.
220. BURIAL, CREMATION, 226 DATE THER REMOVAL (Specify)	- I all the contest of the contest o		d LOCATION (City, town, or or	ounty) (State)
Burial 3/26/1	959 Norland Cen		Chambersburg,	Pa
23 FUNERAL DIRECTOR'S SIGNATURE	Hagerstown, Ed.	240, REC'D B		Ching & Firmer
4				

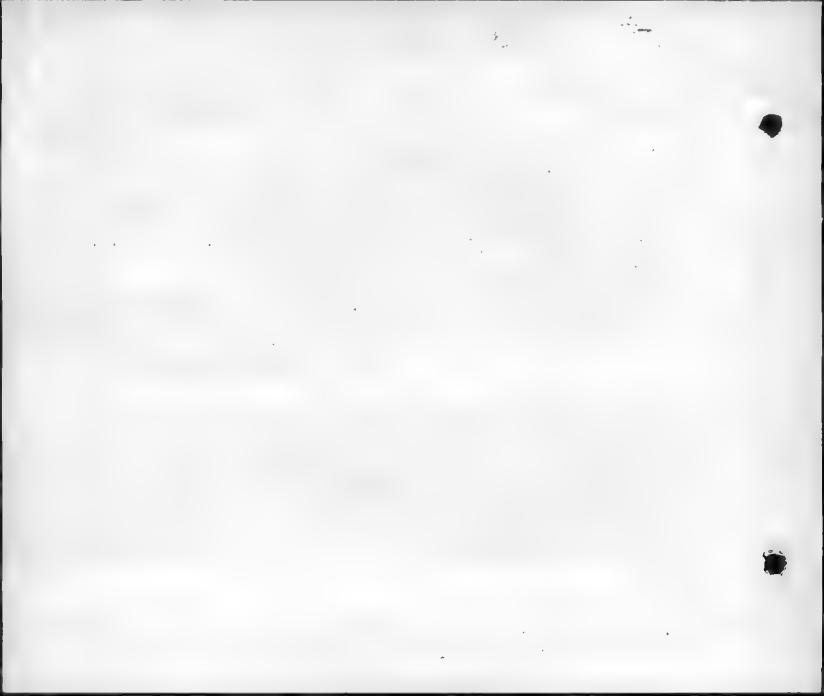


VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03588

CERTIFICATE OF DEATH Rea. Dist. No 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission b COUNTY Washington c CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) Williamsport Maryland RFD #1 # d. STREET ADDRESS IS RESIDENCE ON A FARM? Downsville YES NO T MARCH BUHBRP DEATH 1959 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS June 100. USLAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country)
Labor Equipment Clearspring Md. 12. CITIZEN OF WHAT COUNTRY U.S.A 14 MOTHER'S MAIDEN NAME Betty Knavel 17. INFORMANT Downsville Mrs. Bessie Buharp Williamsport Md INTERVAL BETWEEN ONSET AND DEATH ABSCESS LEFT UPPER WEEKS BRONCHOGENIC CARCINOMA OF LUNG PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e PLACE OF INJURY (Home, form, 20f. [City or town) (County) (State) factory, street, office bldg., etc.) MAR. 5 1959 that I last saw the deceased and that death accurred at 3.45 BM, from the causes and on the date stated above ADDRESS (Street, city or town, stole) DATE SIGNED HAGERSTOWN 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State) Greenlawn Cemetery Williamsport Maryland TUNERAL DIRECTOR'S'SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Onthur & the



Waynesboro, Penna.

DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Months

Franklin

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

Penna.

(Stole)

Days

USA

(County)

15 RES DENCE

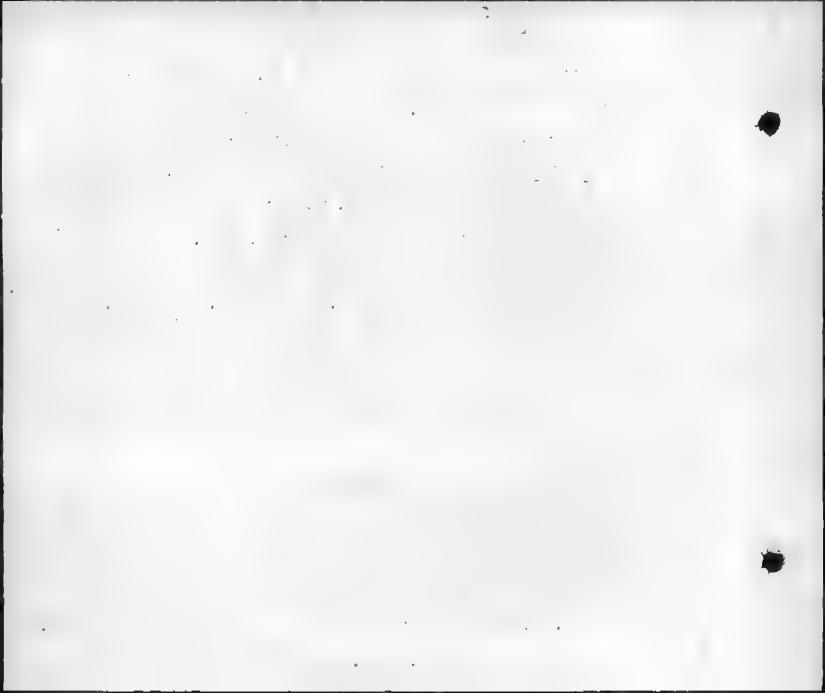
ON A FARM?

YES NO TE

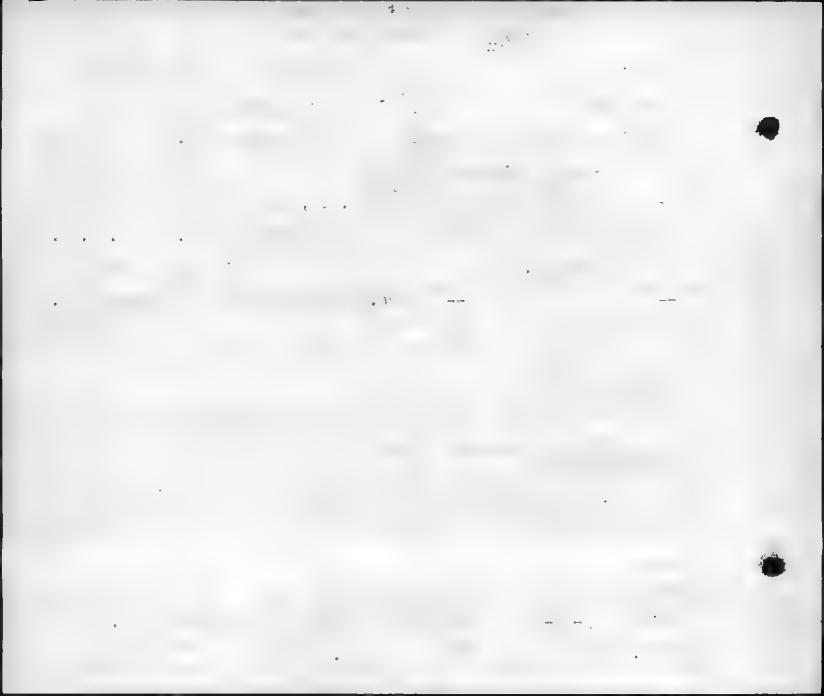
Year

19 59

VS A15 (4) 15M 10/57



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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3	594	CERTIFICATE	OF	DFΔT
u	032	CERTIFICATE	Or	DEMI

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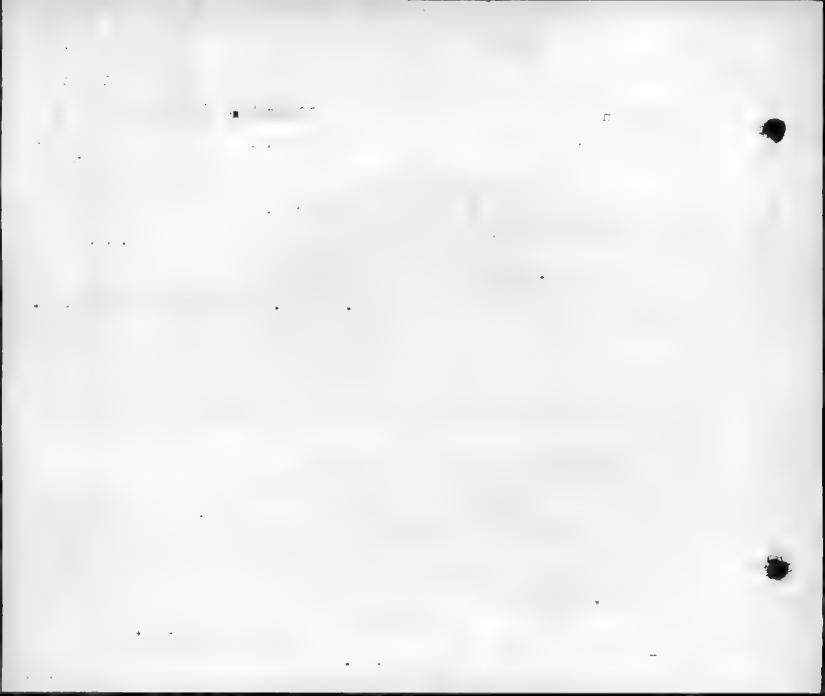
D	Disa	M.	302)
Reg.	Dist	No.	204	a

	,				
}	1. PLACE OF DEATH 0. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO D. STATE Mary)	here deceased lived. If institution b COUNTY	Residence before admission) Washington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hage stown	c. LENGTH OF STAY IN 16		outside corporate limits, write RU	
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Washington County Hospi	et address)	d. STREET ADDRESS Fairplay B		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) CHARLES	MILMER.	DAV IS	4. DATE Month OF DEATH MATCH	15 Year 1959
		RRIED INEVER MARRIED	September 23	lost birthday)	Months Days Hours Min
	100 USUAL OCCUPATION (Give kind of work dane 101 during most of working life, even if retired)	ircraft company		ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
)	13. FATHER'S NAME Edward L. Davi	4	Julia Rol		<u> </u>
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? [16] [Yes no or unbridgen] [110] [If yes, give wor or dates of service]		Mrs. Rosie M.	Davis Tighx	Tilghmanton, Md.
	PART II. OTHER SIGNIFICANT CONDITIONS	obouste	NOT RELATED TO THE TERMI	HALDISEASE CONDITION GIVE	INTERPAL BETWEEN ONSET_AND DEATH ONSET_AND DEATH IN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
	206. ACCIDENT WAS UNDERLYING 206. DE OR CONTRBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. TIME OF INJURY Month, Day, Year 20d. Hour o. m. Whil		CE OF INJURY (Home, form, street, office bldg., etc.	1 20f. ICity or town)	(County) (State)
	21. I certify that I attended the decept alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr. Ralph Toung	Bed fram 3/11/1/2007, and/that death	no. Silleri	M, from the causes on ADDRESS (Street, city or lawh, st	ke & 3/16/59
	220 BURIAL, CREMAT ON, 226. DATE THEREOF BURIAL (Spec by) 3/18/1959	Manor Cemeter		Tilghmanton,	Md.
	23 FUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Funeral Home	ADDRESS Hagerstown	Md. DATE		TRAR S SIGNATURE

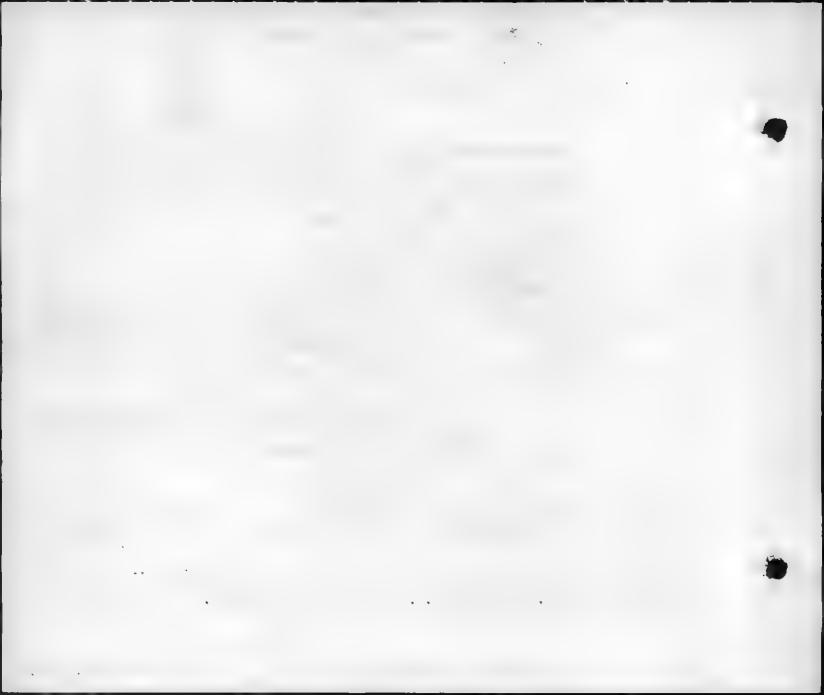
uneral director, Id be filed with TO INTAL OR ATTENDING INVSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL D. JOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registror prior to burial, cremation, or remayol, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



may be retaint the hospital ar attending physician.

TO FUNERAL DISCORE. After this certificate has been signed by the attending physician and page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon the registrar prior to burial, cremation, or removal, and in any event within 72 hours after de

TO HOSPITAL OR

VS A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIFICATE OF DEATH

2500

03593

	0000	CERTIFICA	TIE OI DEATI		Res	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2 USUAL RESIDENCE (W) o. STATE Md.		h COUNTY	washing	
b CITY OR TOWN RURAL ond give r Hager		2 LENGTH OF STAY IN 16	E CITY OR TOWN (IF a	•	mîts, write RURAL	ond give near	est town)
d NAME OF HOSPI OR INSTITUTION WASh	. Co. Hospital	address)	d. STREET ADDRESS	Wash. St	. ,	e	IS RESIDENCE ON A FARM? YES NO 🔏
3 NAME OF DECEASED (Type or print)	First Harry	Middle Charles	Dorsey	4. DATE OF DEATH	Month 3	30	Year 19 59
s sex male	6 COLOR OR RACE 7 MAR		Dec. 28, 189	los		NDER 1 YEAR I	F UNDER 24 HRS Hours Min.
retire	ON (Give kind of work done 10b rking life, even if retired)	. KIND OF BUSINESS OR INDU	. Washingto	on Co. M	d.	USA	WHAT COUNTRY
13 FATHER'S NAME	rd Dorsey		14. MOTHER'S MAIDEN N	Danner			
	ER IN U.S. ARMED FORCES? 16		NFORMANT 'S. Annie C. I		Address Hagerst	own, Mo	L.
Conditions, if a gove rise to couse (o), stoting lying couse lost.	immediate DUE TO .	Coronary	NOT RELATED TO THE TERM		AD THON G VEN IP	ONSE	WAS AUTOPSY PERFORMED?
PART II OTHER SIGN FICANT CONDIT ONS CONTR BUT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					YES NO		
20c. TIME OF INJU Hour o. m. p.m.	RY Month, Day, Year 20d While of wa	Not while	ACE OF INJURY (Home, form tary, street, affice bldg, etc	20f. (City or to	wn)	(County)	(Stote
21. I certify the control of the con	hat I attended the decea Note: 19 to 19 t	5, and that death	accurred at Life CT	.)	causes and a	n the date	stated above DATE SIGNED
220 BURIAL, CREMATIC REMOVAL (Specify DUTIAL	ON, 22b. DATE THEREOF 4-2-59	22c NAME OF CEMETERY O Rose Hill	R CREMATORY	22d LOCATION ((City, town, or cou	unty)	(Stote) Md.
23 FUNERAL DIRECTOR		ADDRESS town. Md.		D BY REGISTRAR	24b. REGISTRAF		
LICU W. K.	rampo Hager 2	Courty Picts	DATE	R 2 '59	Junior	S. Thomas	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE	Reg. Dist. No. 302
MEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
Poge (5)	Washington MARYLAND O. STATE Maryland b. COUNTY Washington
Please Files. Health	b. CITY OR TOWN (If outside corporate I'm's write RURAL and give nearest town)
of of or	Hagerstown Li, days Hagerstown
Series.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. 15 RES DENC
e B.	731 Dale Street / 731 Dale Street ON A FARM
relair reforme state	3. NAME OF DECEASED (Type or print) LUIA ELLA DRURY OF DEATH March 10 19 59
of the state of th	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (1) years IF UNDER 19EAR IF UNDER 24 HI
H 3 H 3 H 3 H 3 H 3 H 3 H 3 H 3 H 3 H 3	Female White WIDOWED DIVORCED March 17,1884 74 yrz Months Days Hours Mn
2 h 2 h 2	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNT during most of working life, even if refired)
Page Page Page Page Page Page Page Page	Housewife Hagerstewn, Maryland U.S.A.
4 20 24	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Pog Pog	Cornelius Davis Evaline Virginia Brenner
File File	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If you, no, at unknown) If you, you war or dates of service)
in the contract of the contrac	no none Mrs. John Worthington Hagerstown, Marylan
Time and	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
ted tem	PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (6) Burns to entire body, head & extremities
Ba e co	7/6.0 DUE TO (Charring)
Office of the second of the se	Conditions, if any, which } (b)
d by	gove rise to immediate cause QUE TO
aine aine a b b	coure last. (c)
ing ing	PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS
of end	None None
erité perdic be c	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port or frem 18)
Maro Maro original	Clothing caught lire when can with gasoline in it expresses
T sheet o	20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, i 20f. (City or town) (County) (State May Mills Mills Mills May Mills May Mills Mills May Mills Mi
See of	Hour March10,59 of work of work Home Hagerstown Wash Md
Pog Prija	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x. Inquiry . and in m
EX.	opinion death resulted fram: Natural causes . Accident . Suicide ., Homicide ., Undetermined manner
A S B S	ACTUAL S, Rules Twells AD CHIEF MEDICAL EXAMINER D DATE SIGNED
	SIGNATURE SI TULLE MD CHIEF MEDICAL EXAMINER DATE SIGNED
M Pe c	EXAMINER'S S. Bohant Wells M.D. ASSISTANT MEDICAL EXAMINER [] March 11,1959
des des	EXAMINER'S S. Robert Wells, M.D. DEPUTY MEDICAL EXAMINER (Type)
S S S S S S S S S S S S S S S S S S S	220. BUR AL CREMATION 226 DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d (OCATION (City, Town, or county) (Stote)
0 0 0 0	Burial 3/13/1959 Rest Haven Gemetery Hagerstown Maryland
VS A15ME	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 246 REC'D BY REGISTRAR S SIGNATURE LEAD 1 6 150
5M 2/57	Hagerstown, Maryland DAILMAR 1 6'59 Outling S. Kraus

nev w we

The same

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 250MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03595

0000	Reg.	Dist. No. 302
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived It institution Res	idence before admission)
o. COUNTY Washington MARYLAND	o. STATE Marviand b COUNTY Wa	shington
b. CITY OR TOWN (It outs de corparate lim to write RURAL end give negrets (pwn)	c CITY OR TOWN (If outside corporate lim'ls, write RURAL of	_
Hagerstowa 10 years	Hagerstown	
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	d STREET ADDRESS	e IS RE DENO ON A FARN
323 Ridge Ave,	323 Ridge Ave.	YES NO
3. NAME OF DECEASED (Type or print) HOWARD LEE EI	CHELBERGER 4. DATE Month OF DEATH MARCH	Doy Year 13 19 59
. SEX 6 COLOR OR RACE 7- MARRIED NEVER MARRIED 0 8	A B A A D A A A A A A A A A A A A A A A	ER TYEAR IF UNDER 24 H
male white widowed Divorced	April 5, 1912 Lib yes. Months	Days Hours Min.
Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRI during most of working life, even if retired)		TIZEN OF WHAT COUNT
Mectrical Foreman Railroad	Hagerstown, Maryland U	.S.A.
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	•
John L. Eichelberger	Rhoda Shrader	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN	FORMANT Address	
no [if yes, give war or doles of service] 214-10-4268 M	rs. Lavada Eichelberger Hage	rstown, Md.
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]		INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (o) Acute Corona:	ry occlusion	
440./ DUE TO		
Conditions, if any, which gave rise to immediate couse		
(a), stating the underlying DUE TO		
couse last.		
PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPS' PERFORMED?
		YES NO K
TOO EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING D 206 DESCRIBE HOW INJURY OCCURRED (En CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18.)	
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 120f (City or town)	ounty) (Stote)
Hour o. m. While Not while factor	ry, street, office bldg , etc.)	
21. 1 certify that I took charge of the remains described above		
opinion death resulted from Natural causes X. Accident	, Suicide , Hamicide , Undetermined	monner
	_	DATE SIGNED
LACTUAL & W. M. T. 112 DER-7	ALD CHIEF MEDICAL EXAMINER	ALC: BIDINGS
SIGNATURES, Joliet Welks		
SIGNATURES, Solvert Wells		3-14-59
EXAMINER'S NAME (Type) S. Robert Wells, M.D.		5-14-59
20 BUPIAL CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY OR C	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	, , ,
220 NAME OF CEMETERY OR C	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER COLORS CREMATORY 22d. LOCATION (City, Town, or county)	, , ,
720 BUPIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR C	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER COUNTY DEPUTY MEDICAL EXAMINER COUNTY TOWN, OF COUNTY	(Stote) Marylan

4 should be for 10 TO FUNERAL LATER 2 VS A15ME 5M 2/57

DEPUTY MEDICAL

DICAL EXAMINER: This certificate should be married within 24 hours after death. If may melay is nay find a married to the word "pending" in pending itselfed. Give Pages 1, 2, and 3 to the funeral raided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained action to the Chief Medical Examiner's Office along with form PM3. Page 3 should be used as a buriol-transis permit. File pages 1 and 2 with the State B ad agent, prior to burial, cremation, at remaval, and in any event within 72 havens after death.



10

23. FUNERAL DIRECTOR'S SIGNATURE

03596Rea. Dist. No.

Day

e. IS RESIDENCE

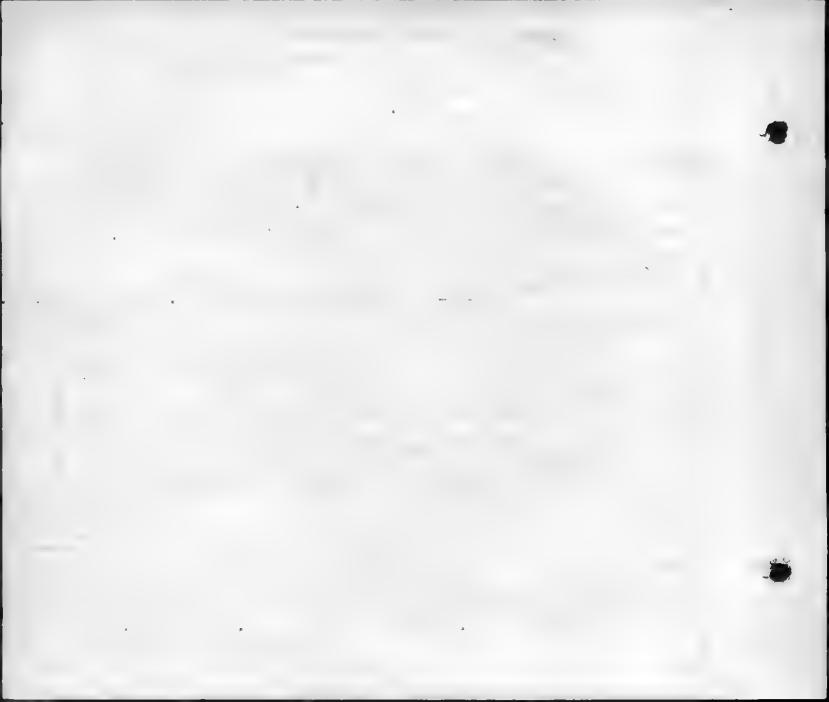
ON A FARM?

YES NO DO

Year

19 55

12 CITIZEN OF WHAT COUNTRY? U.S Recky Ridge, Md. INTERVAL BETWEEN SO MINNE TENSIVE CARDIO-VASCULAR BISEASE PERFORMED? YES | NO | (County) (Stote) 19 J 8, to /YARC4 13 1959, that I last saw the deceased and that death accurred at 200 pM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ENNIS/VAVIA 22d LOCATION (City, town, or county) nr. Emmitsburg. Maryland 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



VS A15 (4) 15M 10/57 100

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3661 CERTIFICATE OF DEATH

1. PLACE OF DEATH		La struct protection	4 9 1 9 49 41 41								
a COUNTY , / /	management	o. STATE	ere deceased lived. If institution- b. COUNTY	Residence before admission)							
CE-15/ 21. T.O.N		18hur 4/2	,	5/3/712/202							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C CITY OR TOWN (If or	itside corporate limits, write RUR	AL and give nearest lawn)							
W. umspirt	Bunch Ida,	3: Hager.	Stack!								
d. NAME OF HOSPITAL (If not in haspital, give street	t oddress)	d. STREET AODRESS	V	e IS RESIDENCE							
OR INSTITUTION	turient	33000	Cotoma C. Si	ON A FARM? YES NO TO							
				ID I NO III							
DECEASED	Middle	Lost	4. DATE Month	Day Year							
(Type or print) Mayme		上のアーアーとフレ	DEATH March	12 1959							
5. SEX 6. COLOR OR RACE 7. MA	RRIED 🗌 NEVER MARRIED 🕞	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS							
Fimale white WIDOV	VED DIVORCED	NEVember 14.	1875 83 yr.	Months Doys Hours Min							
10a. USUAL OCCUPATION (Give kind of work done 10)	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole of	or foreign country)	12. CITIZEN OF WHAT COUNTRY							
RETINET GOVT WORKEN	Brot.	Sinking	Cosel Va	U5.19.							
13. FATHER'S NAME	_ //CC//	14. MOTHER'S MAIDEN N	4CGE / 177	0 0.73							
		14. MOTHER S MAIDER N	ninic .								
William Fartie	yv v		Au ton								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or goldour) (If yes, give wor or dotes of service)	S SOCIAL SECURITY NO 17. 1	NFORMANT	Address	1601 FOUNT MIN							
No	HONE	Dy FYUTA	LUSAU HA	Distración Hd. 18							
18. CAUSE OF DEATH Enter only one couse per	line for (a), (b), and (c), 1 /			I INTERVAL DE PWEEN							
PART 1. DEATH WAS CAUSED BY:	CALCET AND DELTA										
IMMEDIATE CAUSE (o)	rovrig Jun	WITHNIX		Listeks							
14 4 - 17 DUE TO	to all to	1/ 1	1. 1								
Conditions, if any, which) (b)	uno scientil	Helltonoming	Cardio Vascul	w / lm+							
gave rise to immediate couse (a), sloting the under-		//	10								
lying couse last. (c)			Direar								
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	IN PART IO 19 WAS AUTOPSY							
TLV				PERFORMED?							
PART 11. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CO	SCRIBE HOW INJURY OCCURRE	D. /Enler neture of injury in Pr	and I are Part 11 of Stars 19 h	YES NO DY							
OR CONTRIBUTING CAUSE OF DEATH	SCHIDE HOW INJURY OCCURRE	o temes notice of injury in Fi	or for fort if or them to.)	,							
20c. TIME OF INJURY Month, Day, Year 20d Hour e. m. 19 While p. m. 19		ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)							
₹ p. m. 19 of we	ork at work										
21. I certify that I attended the decea	17 to b	1059 - 17	11/11/ 1050								
10 10 11 1	7	19-7 , to 14		hat I last saw the deceased							
alive an Lallan, 19	2-f, and that death			d an the date stated above							
ACTUAL A TATAL		22-11P	DDRESS (Street, city or town, sto	te) DATE SIGNE							
SIGNATURE / JULY	4/	M.D.C. O. O. C.	1 4 may	121439							
EF/ webs		1/	1 -1//								
PHYSICIAN'S FF L USDY		Thauey.	SI CM IM								
220. BURIAL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY O	P CPENATORY	22d LOCATION (City, town, or o								
REMOVAL (Specify) 3/14/50	EVERONEON S	2 - / 0 /	ZZO TOCKTION (CITY, TOWN, OF C	county) (State)							
DUBIAL J.T/49		want limbe	COMMORE	UA,							
23 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS		CAN LEGISTE BE SAP MERITA	bris signification							
KEST HAYEN FYHOSEAL	simple Index	DATE									
Ulas II	HTM ()-10,	, 7770-									



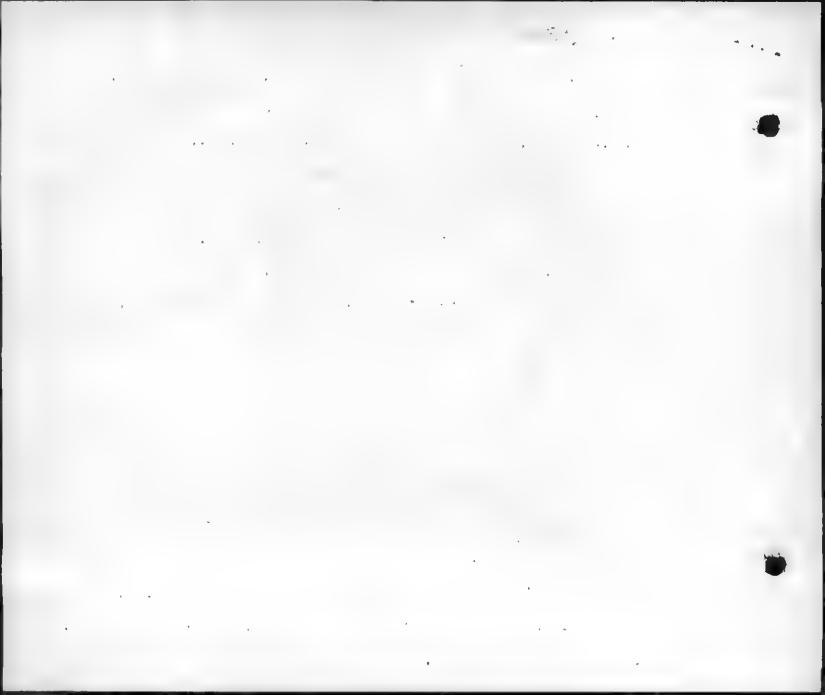
VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3600 THE THE TRANSPORT OF THE TRANSPORT O

03598 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	wash.		MARYLAND	2. USUAL RESI o. STATE	DENCE (WI		d lived. If instituti b. COUNTY			re admissi	on)
RURAL and give ne		ts, write	c LENGTH OF STAY IN 16	a city or			rote limits, write R	RURAL ond	give nea	rest fown)
OR INSTITUTION	At (If not in hospitol, granklin St.		oddress)	d STREET A	ADDRESS	nklin	St.,			e. IS RESTON A	EARM?
3. NAME OF DECEASED	Fie		Middle	los		4 DATE OF	Mor		Doy	,	Year
(Type or print)	Johr	1	C	Feigl		DEATH	3		14		9 59
5. SEX male	6. COLOR OR RACE	/- MARE	RIED T NEVER MARRIED A	B. DATE OF BIRT			9. AGE (In years lost birthdoy) 43 yrs	Months	Days	Hours	Min
10a. USUAL OCCUPATION during most of warl electric	ing life, even if retired	done 10b.	KIND OF BUSINESS OR IND	1		or foreign o		12.CIT		WHAT C	OUNTRY
13 FATHER'S NAME	AT GII		raar onaads	14. MOTHER'S			rice.			7.024	
	lliam K. Fe	igle	y			. Wils	on				
15. WAS DECEASEDEVE	R IN U.S. ARMED FOR	CES? 16.		INFORMANT			Add	Iress			-
(Yes, no. or unknown) Yes	(If yet, give war ar dates of s	2.	13-16-1599 Be	ernard Fe	igley	Ha	gerstown	, Md.	,		
Conditions, if o gove rise to it cause (a), stating lying cause last	mmediate (DUE TO)									
PART II OTH	PER SIGNIFICANT CON		CONTRIBUTING TO DEATH BU	LT NOT RELATED TO	O THE TERMI	INAL DISEAS	E CONDITION GI	VEN IN PAI	RT 1(a) 1	PERFO	AUTOPSY RMED? NO [
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCURE	RED. (Enter noture o	of injury in	Port I or Par	t (1 af item 1B)				
ZOC TIME OF INJUR	Y Month, Day, Ye	While	NJURY OCCURRED 20e I	PLACE OF INJURY (factory, street, office	e bldg., etc	:-) [(County)		(State
	R. A. B	el]	L, M. D.	th accurred at	? 19 N	M, fram ADDRESS (S Orth Stown 22d. LOCA	Potomac Potomac Nary TION (City, town,	nd on the stote) St. Land	e date	stated DAT -17	l abave E SIGNED -59
Burial 23. FUNERAL DIRECTOR'			Rose Hil.	L	240 0501	D BY REGIST	PAR 245 PEG	ISTRAR'S SI	IGNATUS	Md.	
Fred W. Kr		erst	own, Md.			MAR 2 0		Irthur .			



#3599

J	3662	CENTILICA	AL OF BEATT	Reg. Dist. No.
1	PLACE OF DEATH COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Where deceased liver o. STATE Md e	b. COUNTY Wash.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TUTAL Hagersbown	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate I Hagerstown	imits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of or institution Gateway Conv.	ddress) Home	d. STREET ADDRESS 604 W. Washin	gton St. e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) E1115	Middle	Fincham 4. DATE OF DEATH	March 6, Day Year 1959
	male white widowed		April 15, 1880 "	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Whole (In years Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 18borer ge.	neral work	Rappahanock, Va	
	13. FATHER'S NAME Preston Finc	ham	14. MOTHER'S MAIDEN NAME Unknown	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. S 17cs. no. or unknown) (If yes, give wor or doles of service) 22		nformant Ars. Minnie Robert	s, Hagerstown, Md.
	18. CAUSE OF DEATH [Enter only one cause per lini PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), and (c).]	s (extro	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate (b)	Rell crist	Filmication	- Pay
	couse (a), stating the under-	iteriso	cleps May	1/Mi
	5 Orwall of	1000	Yul missel	NDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES \(\text{YES} \)
		RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port Torkart II of	item 18)
	Hour e. jr. While	JURY OCCURRED 20e. PL Not white of work	ACE OF INJURY (Home, farm, clary, street, office bldg., etc.)	(County) (State)
I	21. I certify that I attended the decease		The second secon	., 19. 7, that I last saw the decease causes and an the date stated abov
l	ACTUAL SIGNATURE TOWN	Sall		city or lown, stotel DATE SIGNE
	PHYSICIAN'S COUNTY	TOOL	to Jan	W in
	220. BURIAL, CREMATION, 226. DATE THEREOF BUTIAL 3-9-59	22c. NAME OF CEMETERY O		(City, town, or county) (Stote) Sburg, W. Va.
	23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son	ADDRESS	AL DECEMBER DECEMBER	24b. REGISTRAR'S SIGNATURE
6				0.11 9 8

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL CATOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 shall a statement of the set of the burial-transit permit. Then please remove corban papers. Pages 1 and the filed with the registrar prior to burial, crematal, and in any event within 72 fours after death.

VS A15 (4) 15M 9/55



FOR STATE HEALTH DEPT.

execute the crain cote, writing the word "pending" in pending them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be craited to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for pur files.

TO FUNERAL DIXECTOR: Page 3 should be used as a burial-transit permit file pages 1 and 2 with the State 8 of Health, are its designated agent, priar to burial, cremation, or remayal, and it may even within 72 hours after death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#36##

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3601 Reg. Dist No. 303

1,	PLACE OF DEATH					2 USUAL RESE	DENCE (W	here deces	ed lived. If inst	itution: Resid	lence befo	se admission;
,	o. COUNTY	rton		4	MARYLAND	O. STATE	rland	đ	wa show	ton		
	b. CITY OR TOWN (1)		RURAL	c. LENGTH OF	STAY IN 16	c. CITY OR 1	TOWN (If	outside corp	porote limits, wri	te PURAL on	d give ne	grest town)
	Hagers	town		ע נו	ra	-2 F	In me	rstor	777			
-	d NAME OF HOSP TA		f not in hosp			d. STREET A		2000.	**			e IS RETIERN F
	1031 Cort	ett St_		AND 148 AT 1777		1031	L Co:	rbett	St		a. money.	YES NOWN
3,	NAME OF DECEASED	First	9	Mide	dle	Lost		4. DATE OF	Mo	nth	Doy	Yeor
	(Type or print)	EZRA				FOX	1	DEATH	larch	25	1959	19
5.	SEX	6 COLOR OR RACE	7 MARRIE	D NEVER MA	ARRIED 🔲 8	DATE OF BIRTH			9 AGE (In years lost betholog)			IF UNDER 24 HRS
	Male	"hi te	W DOWE			Oct 10	186		91 7	Months.	Days	Hours Min.
104	a. JSUAL OCCUPAT Of during most of working	N (G ve kind of work of life, even if relired)	fone 10b K	IND OF BUSINES	S OR INDUST	RY II BIRTHPLA	CE (State	or foreign c	ountry) And	12 CI	IZEN OF	WHAT COUNTRY?
	Grocery	3 4 4		Retire	d	Leits	eraby	arg "	ash. C	0	USA	
13	. FATHER'S NAME					14 MOTHER'S	MAIDEN N					
	Levi B	ox				Bs	arba:	ra He	rshey			
	, WAS DECEASED EVE	R IN U. S ARMED FO		SOCIAL SECURITY	Y NO 17 IF	FORMANT			Addre	14		
1"	No -			None	Es	ton For	x Fui	nksto	wn Tale	h. Co) 1.	J.
F	18 CAUSE OF DEAT	H [Enter only one cou	se per l'ne f	for (a), (b), and (c).]			<u>-</u>				AL BETWEEN
		H WAS CAUSED BY:	G	eneraliz	red art	erioscle	rosi	s (Vasc	cular)		OWSET	AND DEATH
П	4001	DUE TO		cute Cor								nenae -es.
	Conditions, If an	y, which) (b)	Pi.	cute our	Ollary	0111 021000						
	gove rise to immediate cause (IO), stating the underlying DUE TO											
	couse lost.	(c)										
13	PART II, OTHI	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION C	IVEN IN PA	RT 1(o) 19	
CERTIFICATION		None	9								Y	PERFORMED?
FF	200. EXTERNAL CAU	SE WAS 20	b DESCR BE	HOW INJURY C	CCURRED (E	nter nature of inj	ury in Part	Lor Port II	of item 18 }			
E	PRIMARY OF CON CAUSE OF DEATH.	INBUING LI	no	ne								
3	20c. TIME OF INJUR	Y Month, Doy, Yea		NJURY OCCURRE	4 .	E OF INJURY (H	ome, form	20f (City	or fown)	(Co	ounty)	(Stote)
MEDICAL	Hour a.m.	none 19	White of wor	Not while	K rocie	none	bing, etc.)				_	_
		at I taak charge	of the r	emains desc	ribed aba	ve, held an	Autopsy	/ D, II	rspection 2	, Inqui	гу 🔲.	and in my
	opinion death r	esulted from: 1	Vatural c	auses 🗶 .	Accident [, Suicide	□, F	lomicide	. Unde	termined	monne	r 🔲
		0170	-	\ _ <	20	_						
	ACTUAL SIGNATURE	Huter.	-	ke el	ER	M.D CHIEF MI	EDICAL EX	AMINER 🗍				DATE SIGNED
		7				ASSISTAN	NT MEDICA	L EXAMINE	R 📑		3-27	-59
	EXAMINER'S NAME (Type)	S. Rober	t Wel	16, M.D.		DEPUTY !	MEDICAL E	NAMINER E	3			
22	BUR AL CREMATION	226. DATE THEREC	F T	72c NAME OF C	EMETERY OR	CREMATORY		224 FOCY	TION (City, town	or county)		(Stote)
	Buriol	3/25/59		Rose	Hill	Cereter	PTT	Hage	rstown	Toel	0	o Md
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	Andready			BY REGIST		GISTRAR S SI		Ē
	Andrew K.	Coffman	Насс	protoum	1 1		DATE !	MAR 31	'59	arthur	2. Ku	and
-				للبكايلاتيجير								



ADDRESS

24a. REC'D BY REGISTRAR

DATEMAR

24b. REGISTRAR'S SIGNATURE

arthur S. Firms

O HOSPITAL

15M 9/55

23 FUNERAL DIRECTOR'S SIGNATURE



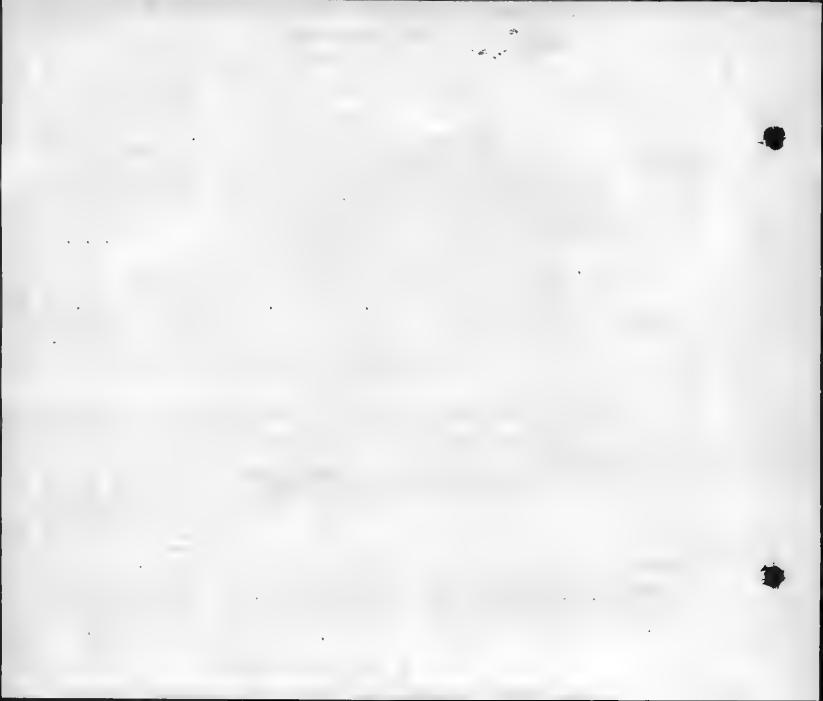
03602

3602 CERTIFICATE OF DEATH

2002	CERTITIES	AIL OF BLAIF	Reg. Dis	t. No.
1. PLACE OF DEATH COUNTY WASHINGTON	MARYLAND	2 USUAL RESIDENCE (Where decease o. STATE MARYLAND	L COUNTY	(no reinte odmission) I.IGTON
b. City OR TOWN (If outside corporate limits, v RURAL and give nearest town) HAGERSTOWN	LIFE	C. CITY OR TOWN (IF outside corp HAGERSTOWN		ive nearest town)
d NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION COUNT WASHINGTON COUNT		1621 VIRGINIA		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EVA L.	ENA FUNKH	OUSER 4. DATE		Doy Yeor 22 19 59
REMAIN LUHTUR I	MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 3/28/1887	The state of the s	YEAR IF UNDER 24 HRS Days Hours Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	HOME	STRY 11 BIRTHPLACE (Stole or foreign MARYLAND		ZEN OF WHAT COUNTRY? U.S.A.
WILLIAM A. HOSE		MARY ELIZAB	RTH BAUGHMAN	
TS. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, har or unknown) (If yes, give wer or dates of service NO	*)	NFORMANT R. THOMAS J. FU	NKHOUSIR HAG	LF STOWN
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 33/X DUE TO Conditions, if only, which)	Cerebral hemor	rhage Mascular diseage		Interval Between onser and Death 16 hr. Indefinite
gove rise to immediate couse (o), stoling the under-		POWERT GEO.		111111111111111111111111111111111111111
CATK		NOT RELATED TO THE TERMINAL DISEA		1(o) 19, WAS AUTOPSY PERFORMED? YES NO 2
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Po	ort II of item 18.}	
To Hour o.m.	20d INJURY OCCURRED While Not while foot work at work	ACE OF INJURY (Home, form, 20f (Citory, street, office bldg , etc.)	ity or town) (Co	ounty) (State)
21. I certify that I attended the de alive on Narch 22	1259 and that death	accurred at 2P M, fro	22, 1959, that 1 loam the causes and on the (Street, city or town, state)	
PHYSICIAN'S Dr. B. B. K	ineisley	Mo. 148 West Wost Hagerstown, I	nin, ton St.	3/21/59
220 BLRIAL CREMATION, 22b. DATE THEREOF BIBADYAL (Specify) 3/25/59	22c NAME OF CEMETERY O	R CREMATORY 22d LOC	ATION (City town, or county) AGERSTOWN	(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE 10. Merganelle.	Hazers Cour	7156 DATEMAR 2 6	STRAR 246 REGISTRAR'S SIG	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 haurs after death. If any be retained by the hospital or attending physician.

TO FUNERAL SCIOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 shault of detached for use as the buriot-transit permit. Then please remove carbon pagers. Pages 1 and schooled be filed with the registrar plant to buriot, cremation, or removal, and in any event within 72 hours ofter death.



	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18											
		360)3.	CERT	IFIC/	ATE OF [DEATH	t		Reg. Dis	t. No ()	3603
1.	PLACE OF DEATH COUNTY	ASHINGTON		MAR	YLAND		DENCE (WIN		d lived, It instituti b. COUNTY	WASH.	e before o	dmiss on) ON
	HAGERS	TOWN			Y IN 16	B 60 mm.	TOWN (II &		rate limits, write R	URAL and g	ive neares	iawn)
	WASHINGI	TAL (If not in hospital, g ON COUNTY	HOS	ddress) PITAL		d STREET A	S. PO	AMOTO	C ST.		e. 5	S RESIDENCE ON A FARM? ES NO N
3	NAME OF DECEASED (Type or print)	L RVING	il	Middf		ARRETT	it .	4. DATE OF DEATH	MARC		26	Yeor 19 59
	MALE	WHITE	WIDOWE		ED 🗀		/1885		9. AGE (In years last birthdoy) 7.4 yrs			UNDER 24 HPS, ours Min
10	RETIRED	ON (Give kind of work of king life, even if refired) SEXTON	_	OARD OF	EDU(1		ar fareign ci RGINI		12. CITI.		S.A.
13	DAVID	GARRETT				14 MOTHER'S MOL	MAIDEN N		.AM			
15	WAS DECEASED EV	ER IN U. S. ARMED FOR (IT yes, give wer or dates of se		OCIAL SECURITY NO G-22,-761	44.	MRS. PA	ULINE	E WAG	NER Adj	MD.		N
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	K	for (a), (b), and (c)	4	gast	h'c	ula	er		INTERV	AL BETWEEN AND DEATH I hour
	540.1 Conditions, if ony, which gave rise to immediate Brouch preservice											
	couse (a), stating lying cause last	the <u>under-</u> DUE TO		iabete		uellis	tus					
CERTIFICATION	PART II. OT	Chrou		cis to	b re	L'T'S	THE TERMIN	NAL DISEASI	E CONDITION GIV	'EN IN PART	P	VAS AUTOPSY ERFORMED?
	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCI	RIBE HOW INJURY	CCURRE	D. (Enler nature a	l injury in P	art i ar Pari	II of item 18)			
MEDICAL	20c, TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Yea	vhile at work	Not while	20±. PL	ACE OF INJURY I clary, street, affice	Hame, farm, bldg., etc.)	20f (City	or lawn)	(Co	ounty)	(State)
	21. I certify that I attended the deceased from 3-24-, 1959, to 3-26-, 1959, that I last saw the deceased alive on 3-26-, 1959, and that death occurred at 10 M. M, from the causes and on the date stated above.											
	SIGNATURE	Joseph	fe	cowar	4	MD. 21	. A	DDRESS (S)	reet, city or town.	state)	us	DATE SIGNED
	PHYSICIAN'S NAME (Type)	INSEPH	SE	CONVAR	/_							3/28/59
72	BURIAL CREMATIC REMOVAL (Specify BURTAT	7/29/3/29/		22c NAME OF CEAR REST	HAV				ION (City, fown, GERSTOV)		M	(State)
23.	FUNERAL DIRECTOR	S SIGNATURE STATE OF THE STATE	the	ADDRESS /	ere.	Tayl.		8Y REGIST		STRAR'S SIG		

VS A15 (4) 15M 9/55



TO HOSPITAL OR

VS A15 (4) 15M 10/57

03604

3604 **CERTIFICATE OF DEATH**

Reg. Dist. No. 302

	f PLACE OF DEATH o. COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admiss on) o STATE b. COUNTY Washington					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16		tside corporate limits, write l	RURAL and give nearest town)			
<u>_</u>	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 1110 Fry Ave	ddress)	d STREET ADDRESS	Ye.	e IS RES DENCE ON A FARM YES \(\text{NO} \) NO \(\text{NO} \).			
	3 NAME OF DECEASED (Type or print) SARAH	IAV IN IA	GRANT LAND	4 DATE Mor OF DEATH MATCH	9 Yeor			
	5. SEX 6. COLOR OR RACE 7. MARRI		s date of Birth September 27,	1875 AGE (In years lost birthday) 83 yrs	Months Days Hours Min.			
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME	(IND OF BUSINESS OR INDU	Wilmington 14. MOTHER'S MAIDEN NA	, Delaware	12. CITIZEN OF WHAT COUNTRY?			
	Jacob Andrew Permar		Margar	et Coulbourne				
	[Yes no or unknown]		NFORMANT Mr. George E.	Add	agerstown, Maryland			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (a), stoting the under- lying couse lost. PART N. OTHER SIGNIFICANT CONDITIONS CO	CHICKSELEN CHICKS	tucke	AL DISEASE CONDITION GIV	ONSET AND DEATH			
9		RIBE HOW INJURY OCCURRE			PERFORMED? YES NO			
	20c, TIME OF INJURY Month, Doy, Year 20d, IN While	JURY OCCURRED 20e. PL/ Not white for	ACE OF INJURY (Home, form, tory, street, office bldg , etc.)	20f (City or town)	(County) (State)			
An Say	21. I certify that I attended the decease alive an 3. P.S. 9 19 ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) S. EARL VOU 220 SURIAL, CREMAT ON, 22b. DATE THEREOF		40,14 FM. Pa	M, fram the causes of DDBy/SS (Street, city or lown,	Spestoron 8/10			
	REMOVAL (Specify) 3/12/59	Lombardy Cem		Wilmington				
	23. EUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Funeral Home		240 AF 6.0		STRAR'S SIGNATURE			
	'S The state of th	Hagerstown.	10 May 20 A		I A. / VLOUGE			

P <

me T.L.

1 '

VS A15 (4) 15M 9/55

1. PLACE OF DEATH a. COUNTY

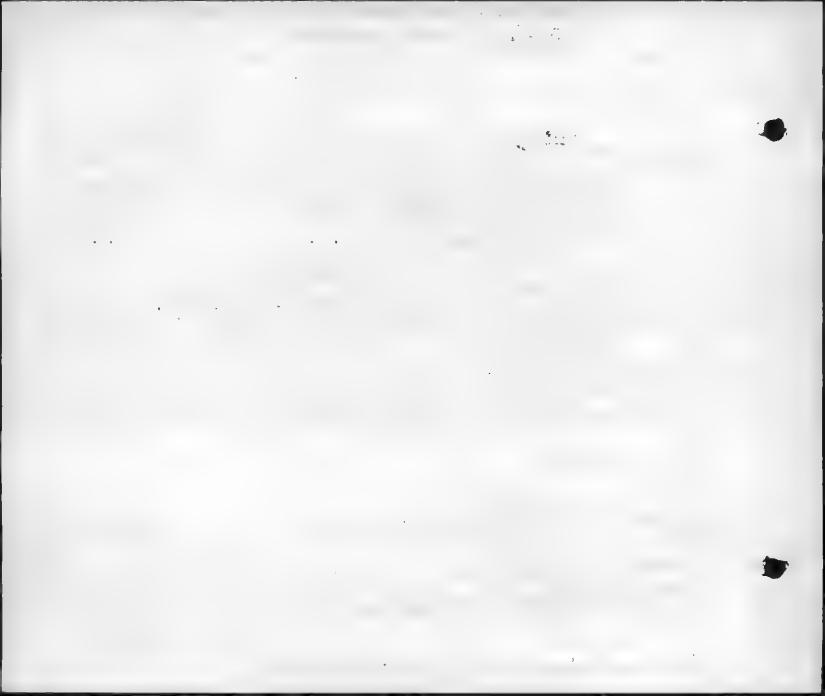
10a. USUAL OCCUPATION

3.

5. SEX

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
3605 CERTIFIC	CATE OF DEATH	Reg. Dist. No. (13605					
PLACE OF DEATH G. COUNTY Washing Lon MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNTY	In: Residence before admission)					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c. CITY OR JOWN (If autside corporate limits, write RL	JRAL and give nearest town)					
OR INSTITUTION Co Hus follows	d. STREET ADDRESS SPUL	e is residence on a farm? Yes \(\) NO \(\)					
NAME OF DECEASED (Type or print) Resh Virginia Middle (Type or print)	Last 4. DATE Mont	Day Year 2 195-5					
SEX F2 mal- 6. EOSOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	April 20, 1918 lost birthdoy) 40 yrs	Months Doys Hours Min					
during most of working life, even if retired) House wife Own Home	DUSTRY 11 BIRTHPLACE (State or foreign country) W. Va.	12. CITIZEN OF WHAT COUNTRY?					
FATHER'S NAME	14. MOTHER S MAIDEN NAME						
Oecil Feaster	Leonara Rexroad						
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give wor or dates of service) 170	Retha Bricker-Hagerstown, Md						
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (C)	bent faile de	INTERVAL BETWEEN ONSET AND DEATH					
DUE TO	- Form Club	3 06 43					
Conditions, if ony, which) (b) Me um & mi	CI.	360 40					
gave rise to immediate couse (a), stating the under lying couse loss. DUE TO (c) B207 ch12	chosis	Zecrs					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO					
200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part 1 or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. Hour o. 51. P. m. 19 While at work at work	PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg., etc.)	(County) (State)					
21. I certify that I attended the deceased from 15 Feb	1958, to 2/4636, 1959	that I last saw the deceased					
alive on 1671, 1955, and that dec	oth occurred at 6:25/4M, from the causes as	nd an the date stated above					
ACTUAL SIGNATURE Cold and	ADDRESS (Street, city ar town, s	DATE SIGNED					
PHYSICIANIS 5// Q //		7 .					

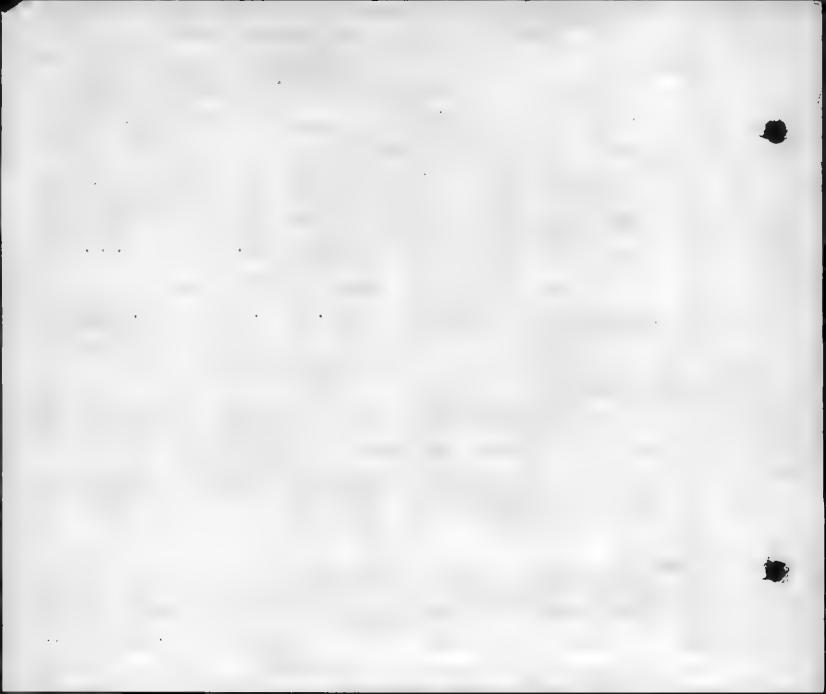
House wif 13. FATHER'S NAME Cecil Feas 15 WAS DECEASED EVER no 18. CAUSE OF DEAT PART I. DEATE W 01 15 /1 Conditions, if ony gave rise to im cause (a), stating th lying couse lost. CERTIFICATION PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M MEDICAL 20c. TIME OF INJURY Hour o. ft. p. m. 21. I certify tha alive on ACTUAL SIGNATURE PHYSICIAN'S 063 NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22d. LÓCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) BEMOVAL (Specify) 3/4/59 Philos Westernport, Md 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR arthur S. Fines Westernport, Md. DATE MAR 5



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03606 L EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. M PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Washington MARYLAND Md. Washington b. CITY OR TOWN Ill outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest fawn) and give nearest town) Edgemont Rural Smithsburg #2 Rurel Smithshurg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 00 ON A FARM? YES | NO W 5 NAME OF First Middle 4. DATE Lock Day Year ö DECEASED (Type or print) Julia Elizabeth DEATH 19 59 Grotz March S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours Min. Days WIDOWED TO DIVORCED [Female White 1894 64 yrs. 2 wi 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 112. CITIZEN OF WHAT COUNTRY? House Wife Greensburg Md. ILS_A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benton Schull Alice Cornell 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address (If yes, pive wor or dates of service) Sixe Oixe Edward H. Schull Smithsburg Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (a), stating the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS ACTOPSY PERFORMED? NO 2-20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc. Not while 0.00 at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry . and find that Accident | death resulted from: Natural causes Suicide . Homicide . Undetermined cause . 5 DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FYAMINER'S DEPUTY MEDICAL EXAMINER 121 NAME (Type) 220. BURIAL, CREMATION, 22d LOCATION (City, town, or county) Smithsburg, Narry land (Stote)

**Faydtt/caril Ne./ Frank/in/ P6

240. REC'D BY REGISTIME / 246. REGISTIME'S SIGNATURE / // 22b. DATE THEREOF 22c. MAME OF CEMETERY OR CREMATORY Weltys Cemetery REMOVAL (Specify) 0 Burial Strange ADDRESS / / / 23. FUNERAL DIRECTOR'S SIGNATURE VS. A15MEIST DATEMAR 1 1 '59 arthur S. Thrus 5M 9/55



T.	1	-4	+
Poge 4	director,		

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 sures after death may be retained by the hospital ar attending physicias.

TO FUNERAL DIPPORTOR: After this certificate has been signed by the attending physician and campletely filled in by its funeral page 3 shauld telached far use as the burial-transit permit. Then please canbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event with 72 hours after death. TO FUNERAL DIFFER PAGE 3 shauld the registrar prior

VS A15 (4) 15M 10/S7

		CLRITIC	AIL OI DEAI	<u>'</u>	Reg. Dist. N	o
1. PLACE OF DEATH • COUNTY THE SAIT NO	rton	MARYLAND	1 2 2 COLLO	b. CO		ore admission)
b CITY OR TOWN () RURAL and give no	Toutside corporate limits, write earest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits, v	write RURAL and give n	earest town)
Hagers'		D.O.A.		stown		
OR INSTITUTION	ounty Hospital give street	_	16 Cypre	ess St		e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	PAUL First	Middle EMERSON	GRUBER	4. DATE OF DEATH Mar		Doy Year
S. SEX		RIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (n lost birth		R IF UNDER 24 HRS
Male	"hite wipow			393 65	yrs Months Days	Hours Min
during most of world Lee Chan	DN (Give kind of work dane 10b king life, even if retired)	KIND OF BUSINESS OR IND Mens Furnis	STRY 11. BIRTHPLACE (Stole	or foreign country)	App. 0	OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	•	
Georg	ge M. Gruber		Louisa	Winch		
15 WAS DECEASED EVE (Yes, no, or unknown) Yes	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17.	Ars Ann Gru	ber 16 Cy	Address press St	
Canditions, if a gove rise to it cause (a), stating lying cause last.	mmediate (rteriosa	lerotic f	teart Di	20 2502	3 4-1
<u> </u>	HER SIGNIFICANT CONDITIONS					19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 1 20% DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURI	RED (Enter nature of injury in	Part I or Port II of item 1	18)	
A Hour a.m. p.m.	19 While of wa	Nat while	PLACE OF INJURY (Hame, forn factory, street, office bldg., et	n, 20f (City or town)	(County	r) (State)
1.1.1	at I attended the decea		, 19 <u>5</u> 6, ta M		9_5_2_,that I last :	
alive an	2 CC 27 , 19	.5.7_, and that deal	th accurred at 16,00			
ACTUAL SIGNATURE	land a t	le FFmai	-MD. 2-14-1	ADDRESS (Street, city or	lown, stole)	DATE SIGNE
PHYSICIAN'S NAME (Type)	1104d A	HOFE	ma 1== 1	lagers	town	m2:
220. BURIAL, CREMATIO REMOVAL (Specify) B11 7 1 2 1		Rose Hill (OR CREMATORY Conetery	Hagerstow	**	(State)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	24g, REC	D BY REGISTRAR 24b	REGISTRAR'S SIGNATI	
Andrew K.	. Coffnan Hay	erstown Ld.	DATE M	AR 31 '59	Cirthun S. The	und.



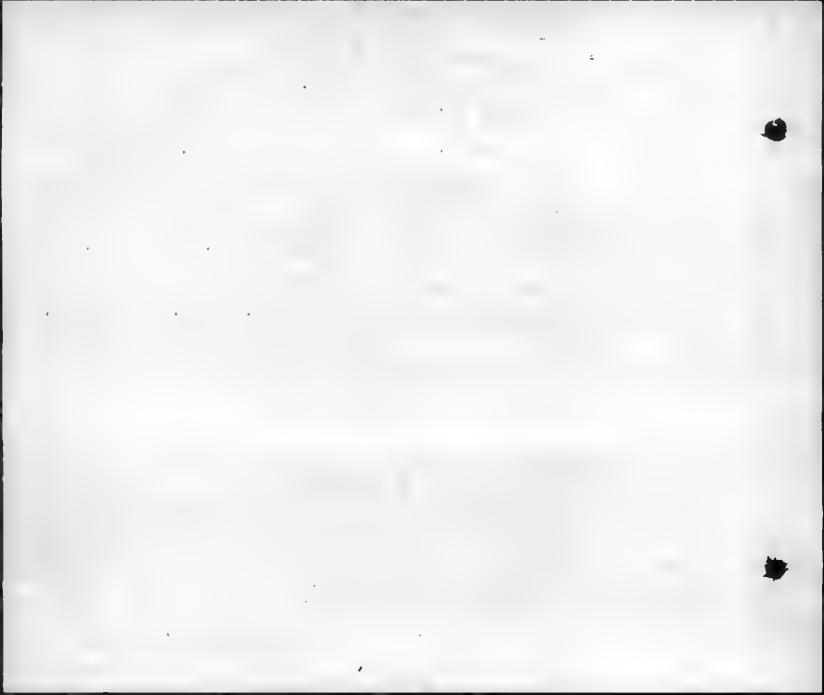
VS A15 (4) 15M 10/57

•	s certificate has been signed by the attending physician and campletery (illed in by	use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 zeruld be filed with	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3665

CERTIFICATE OF DEATH

KAG. DIST.	40.
2. USUAL RESIDENCE (Where deceased lived If institution: Residence b	
Panna. Fran	klin \checkmark
	neorest town)
11	,
d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
430 Fairview Ave.	YES NO X
Harbaugh DEATH Mar 21,	Day Year
1 3 6 3 6 3	AR IF UNDER 24 HRS
	rs Hours Min
	OF WHAT COUNTRY?
	U.S.A.
14. MOTHER'S MAIDEN NAME	0 10 121 1
Josephine Prvor	
	•
oscop Prom 3/ W Main St Warmach	oro Po
	NTERVAL BETWEEN
	DNSET AND DEATH
o i mercinal pococo	12 1110
State of the state	10 1
yeurous	10 4-20
	T
I NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(c	PERFORMED?
ED. (Enter nature of injury in Part I or Part II of item 18.)	
LACE OF INJURY (Home, form, 20f (City or town) (Coun	ty) (Stote)
wory, and, while blog, etc.)	
9 10.58 to MAN 21, 10.5 9that I last	and the decem
accurred at O HOURS from the annual and an ill	saw ine deceased
	DATE SIGNED
B xx 206	3/00/5
M.D.	-7-2-7-1
Y Clear Apring	Md.
111	(Stote)
Waynesboro, Pa.	
240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNA	TURE
Pa. DATE MAR 2 6 59 Carthur &	tracede.
	2. USUAL RESIDENCE (Where deceased lived if institution: Residence to STATE b. COUNTY Fram b. COUNTY Fram c. CITY OR TOWN (II outside corporate limits, write RURAL and give Waynesboro d. STREET ADDRESS 4.30 Fairview Ave. 4 DATE OF BIRTH PLACE (Stote or foreign country) 12 CITIZER Sabillasville, Md. 14. MOTHER'S MAIDEN NAME JOSEPHINE PRYOR MAINS DO YOU NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO TOWN, street, office bidg., etc.) 1 NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT RELATED TO TOWN, street, office bidg., etc.) 20 COUNTY STREET OF THE TERMINAL DISEASE CONDITION (CITY, 10wm, or county) WAYNESDOTO, Pa. 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNA



MARYL	AND	STATE DEPART	MENT OF	HEALTH	-BAL	TIMORE, 1	8		
360	7	CERTIFIC	CATE OF	DEATH			Reg. Dist		360:
ashington		MARYLAN	O. STATE	Md.	are decease	d lived. If instituti b. COUNTY		e before odmi hingtor	
autside carporate lími rest lawn) WII	ts, write	2 days		TOWN (IF or		rate limits, write R	URAL and gi	ive nearest tov	wn)
L (If not in hospital g	ive street	oddress)	/d STREET	ADDRESS					ESIDENCE A FARM?
. Hospital	L		109	Fairg	round	Ave.,		YES [
Guy	st	Middle	Harbaugh	15.	4. DATE OF DEATH	Man 3	ith	25	Yeor 19 59
6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIR	TH		9. AGE (In years		YEAR IF UNI	DER 24 HRS
white	WIDOW	D DIVORCED	May 30	1898		fast birthday) 60 yrs.	Months	Days Haurs	s Min.
(Give kind of work on the life, even if retired)	dane 10b	self employ	IDUSTRY 11. BIRTHP		-	ountry)	12.CITIZ	USA	COUNTRY?
			14 MOTHER	S MAIDEN N	AME				
ayton B Ha	arbau	gh		Albert	a Eyl	er			
IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	INFORMANT			Add	ress		
you, give war or curies or so		20-09-7160	Katherine	Harba	ugh	Hagerst	town,	Md.	
H [Enter only one co H WAS CAUSED BY- MMEDIATE CAUSE (o		oronary thre	ombosis					INTERVAL E	
DUE TO (b) mediate e under- (c)	P T	neumonia oxic thyroid Poliomyelitis	diffuse	h seve	ere de	eformity	since		lefinite
R S GNIFICANT CON	DIT ONS (CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMI	NAL D SEAS	E CONDITION GIV	EN N PART	1(0) 19 WAS PERF YES	ORMED?
UNDERLYING DATH	20b DES	CRIBE HOW INJURY OCCU	RRED (Enter nature	of injury in P	art I ar Par	t II of item 18)			2 1000 1000 1000

CATION CERTIFIC 20a. ACCIDENT WAS (IF EITHER, NOTIFY A MEDICAL 20c, TIME OF INJURY Month. 20e PLACE OF N.URY (Hame, form, 20f (City or town) Year 20d. INJURY OCCURRED (County) (State) factory, street, office bidg , etc. Not white P. m.

death 21. I certify that I attended the deceased from 19___,that I last saw the deceased and that death accurred at_ M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL**

Robert F. Ke adle

318 North Potomac Street, Hagerstown,

PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION. 22b DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY

Rest Haven

23 FUNERAL DIRECTOR'S SIGNATURE

SIGNATURE

PLACE OF DEATH a COUNTY

NAME OF

5 SEX male 10a. USUAL OCCUPATION

DECEASED (Type or print)

b CITY OR TOWN (IF RURAL and give nea Hagersto d NAME OF HOSPITA OR INSTITUTION Wash. Co

during most of working accounta

C

13. FATHER'S NAME

15. WAS DECEASED EVER no

1B. CAUSE OF DEAT

Conditions, if on

gave rise to im couse (a), stating th lying couse last.

PART I. DEATI

PART II. OTHE

ADDRESS

24a. REC'D BY REGISTRAR DATE MAR 2 6 '59

Hagerstown

246 REGISTRAR'S SIGNATURE

(State)

Md.

Fred W. Kraiss Hagerstown, Md.

3-28-59

VS A15 (4) 15M 9/58

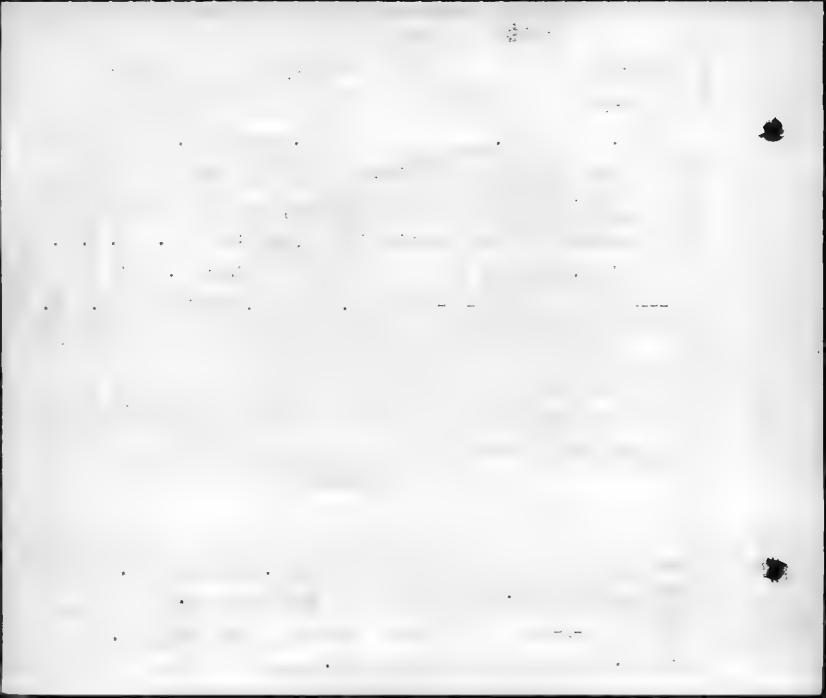


	3.5
Page	director led with
TO HOSPITAL OF ATTENDING PHYSICIAN; The law requires that the Beath mutificate be executed within 28 haurs offer Beath: Page Among be retained by the haspital or attending opysicion.	TO FUNERAL DIFF TOR: After this certificate has been signed by the attending physician and completely filled in by Inneral director. page 3 should reflected for use as the burial-transit permit. Then please remove carbon papers. Pages I and Juld be filled with the registrar prior to burial, cremation, or remaral, and in any event within 72 yours after death.
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HOSPI ay be	O FUNERAL DISCRISOR: After this certificate has been signed by the attending physician and compage 3 should contracted far use as the burial-transit permit. Then please remave carban pape the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.
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WIII A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HE	ALTH-BALTIMORE,	18
3608	CERTIFICATE	OF DI	EATH	Reg. Dist. No.

)	o. COWashington Marylan	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE Maryland b COUNTY Washington
	b. CITY OR TOWN (If outside corporate limits, write RUPAL and give negrest town) Life	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hagerstown
Ą	d. NAME OF HOSPITAL (If not in hospital, give street address) OR (INSTITUTION). Potomac St.	826 S. Potomac St.
	3. NAME OF DECEASED (Type or print) Lee Ragan Harri	DEATH 1
	5. SEX Nale White Widowed Divorced	August 24. 01 57 yrs. Months Days Hours Min
	10a USUAL OCCUPATION (Give kind of work done of the first done) Superintendent Steel Fabri 13. FATHER'S NAME	cation agerstown Md. U.S.A.
1	David F. Harrison	14. MOTHER'S MAIDEN NAME Minnie L. Lewis
J	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1. (You, no. or unknown) [If you, give wor or dollar of varvice) 214-09-0930	Mrs. Louise S. Harrison Hag. Md.
	18 CAUSE OF DEATH [Enter only one couse per line for fo), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under: Lying couse tost.	reflect Brown 3 ys
•	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0). 19 WAS AUTOPSY PERFORMED? YES NO
		RRED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. js. 19 While Not while of work of work	PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) factory, street, office bldg., etc.)
		nih accurred at A. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) M.D. 159 W. Washington St. 3/1/59 Hagerstown Md.
	220 BURIAL CREMATION 220. DATE THEREOF 22c. NAME OF CEMETER ROYAL (Specify) 3-3-59 Rost Hav	or CREMATORY 22d. LOCATION (City, town, or county) (Stote) Hagerstown Md.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	town Md. DATESER & '59 Octom & Knark
		TOTAL TIME TO THE PARTY OF THE



CERTIFICATE OF DEATH

0361;

			CERTIFICA	ATE OF DEA		R	leg. Dist. No	D .	
	1. PLACE OF DEATH COUNTY WAS	hington	MARYLAND	2 USUAL RESIDENCE (o. STATE Maryl			Residence bef Washi		
	B CITY OR TOWN (If our RURAL and give neare Hagerstow		2 Days	11	If outside corporate in Big Poo		AL and give ni	earest tawn	}
	d NAME OF HOSPITAL	(If not in hospital, give street County Hosp		/d STREET ADDRESS Big Po				e. IS RESI ON A YES	DENCE FARM?
	3 NAME OF DECEASED {Type or print}	Elby	LeRoy Middle	Heiston	4. DATE OF DEATH	Month 3	Š	4	59
	M	COLOR OR RACE 7. MARE WIDOWI	ED DIVORCED	3.9.1882	7	Hirthdoy) N	UNDER I YEA	R IF UNDER	R 24 HRS
	100 USUAL OCCUPATION during most of working LADOR		ail Road W.				12 CITIZEN	S.A.	COUNTI
	Samuel	Heiston		14. MOTHER'S MAIDEN Bett	y Kite				
	IS. WAS DECEASED EVER IN (Yes no or unknown) (If ye	m, give war or dates of service)		NFORMANT Elsie H He	iston Bi	Address g Pool			
	PART I, DEATH WAS CAUSED 8Y: MMEDIATE CAUSE (a) PNEUMONIA OF THE RIGHT LOWER LUNG 3 DAYS						DEATH		
	Canditions, if any, gave rise to imm cause (a), stating the lying cause lost.	ediate (DUE TO	RTERIOSCLEROTI	CARDIOVASCI	ULAR RENAL	DISEAS	E	UNKNO	NWC
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALPERFORM PERFORM YES 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTIN				PERFOR	RMED?				
	20c. TIME OF INJURY Hour o. m. p. m.	While	Not while to at work 20e PL	ACE OF INJURY (Hame, for chary, street, affice bldg.,	efc.)	√n) 	[County)	(State
CEAL	21. I certify that alive on MARCH. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	l attended the decease 20, 1959 , 19 Lie Gobert ARCHIE ROBERT	of that death	18 , 19 59 , 1a occurred at I-lo	Adv. from the Adverss (street, c	Causes and	on the do	pte state DA	
	8URIAL, CREMATION, REMOVAL (Specify) Burial	226 DATE THEREOF 3.23.59	22c NAME OF CEMETERY OR ROSO Hill C	r CREMATORY Ometery	22d LOCATION ((State	
	Howard Director's SI	Holeone)	ADDRESS Kancock V		MAR 2 6 '59		AR'S SIGNATU	JRE	

funeral director uld be filed with ofter death. Page 4 the attending physician and campletely filled in then please remove carbon papers. Pages 1 and event within 2 hour after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed may be retained by the hospital ar attending physician.

TO FUNERAL (TOR: After this certificate has been signed by the attending page 3 should tee detached for use as the burial-transit permit. Then please the registrar prior to burial, crematian, ar removal, and in any event withing VS A15 (4) 15M 10/57



FUNERAL 3

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** MARYLAND C. LENGTH OF STAY IN 16

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302 Red. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) 5-COUNTY a wland ashington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown d STREET ADDRESS . IS RESIDENCE ON A FARM? 835 Chestnut YES | NO XXX 4. DATE Month Day Yeor HELFERSTAY DEATH har ch 1959 19 IF UNDER 1 YEAR IF UNDER 74 HRS. 9. AGE (In years last birthday) DATE OF BIRTH Mar 25 12 CITIZEN OF WHAT COUNTRY? Hagerstown Wash USA Co Md. 14 MOTHER'S MAIDEN NAME Mary Gatrell 17 INFORMANT Address Evelyn Hendricks 835 Chestnut St Hagerstown Ma INTERVAL BETWEEN ONSET AND DEATH YES T NOT (Stote) (County) foctory, street, office bldg , etc.) 19____that I last saw the deceased fram the causes and an the date stated above ADDRESS (Street, city or town, state)

PLACE OF DEATH · COUNTY ashington b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 835 Chestnut NAME OF First Middle (Type or print) ROY CL INTON 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED Male WIDOWED TILK DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if retired)

Maintenance Fairchild Retired Hagerstown Fash 13 FATHER'S NAME William Helferstay 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO No 4 - 153618. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (q).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? 200. ACC DENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED Hour om. While Not while of work of work 21. I certify that I attended the deceased fram... alive on_= and that death accurred ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 270 BURIAL CREMATION. 22b. DATE THEREOF 22d LOCATION (City, town for county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Burial Hagerstown Wash 9/50 Rose Cemeterv 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Coffman Hagerstown Andrew K. DATE MAR 1 1 '59 ariling & Krous



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 3666 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Washington b. COUNTY Washington Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN Th c. CETY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUPAL and a ve negrest fown)
111amsport Williamsport yrs. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS E. Salisbury Street Street Salisbury 24 h NAME OF Middle 4. DATE DECEASED OF DEATH Raymond George Henesy March (Type or print) 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS log birthday)

Months Opys Hours Min 5. SEX 6. COLOR OR RACE 7 MARRIED PINEVER MARRIED Male White Jan. WIDOWED [] DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Tannery Washington Co. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Leroy Henesy Daisy Palmer 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. No Mrs. Florence Henesy No 18. CAUSE OF DEATH [Enter only one couse per line for (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II MEDICAL 20c TIME OF INJURY Month. 20d INJURY OCCURRED PLACE OF INJURY (Home, form, 201 (City o factory; street, affice bldg., etc.) at work at work 21. I certify that trattended the deceased from alive on, ADDRESS (Stre

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Greenlawn Cemetery

e. IS RESIDENCE ON A FARA

12 CITIZEN OF WHAT COUNTRY?

U.S.A

INTERVAL BETWEEN

YES NO

Year

19 59

Reg. Dist. No

ONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
of item 1B)	
town) (Ce	unly) (State)
/ / "	st saw the deceased above.
city or town, stole	DATE SIGNED
N (City, town, or county), i.amsport Md	(Stole)
R 24b. REGISTRAR'S SIGH	
WW Start	

22d. LOCATIC

24a. REC'D BY REGISTRA

10

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 770 BURIAL, CREMATION

23 FUNERAL DIRECTOR'S SIGNATURE

226. DATE THEREOF

21

March



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea. Dist. No. ashi noton e. IS RESIDENCE ON A FARM? YES NOT Day Year 19 IF UNDER TYEAR IF UNDER 24 HRS. Months Davs 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO X YES 🔲 (County) (Stole)

DATE SIGNED

(5tote)

246 REGISTRAR'S SIGNATURE arthur L. Thrack



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



FOR STATE HEALTH DEPT.

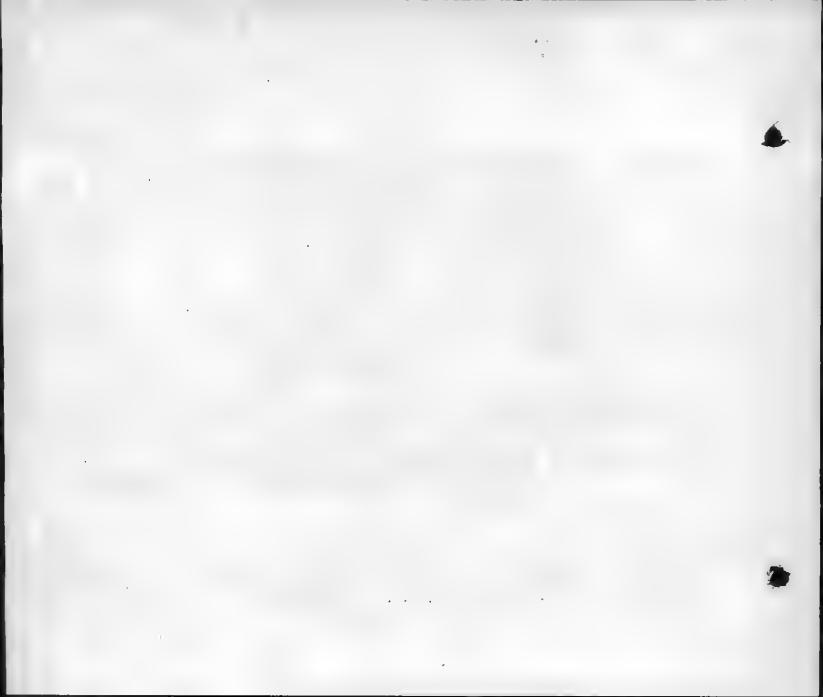
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the file of the funeral pending in pending in section 18. Give Pages 1, 2, and 3 to the funeral pairector. Page

BM 3

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Pan Diet Na

					n				
	COUNTY Wash	ington		MARYLAND	2. USUAL RESIDENCE o STATE PENN			ALLEGHAN	
b.	CITY OR TOWN III autside i		r RERAL	C LENGTH OF STAY IN 16	c CITY OR TOWN	(If outs de carpo	rate limits, write	RUPAL and pive ni	earest town)
	Hagerstown			8 hours	MCKEESPOR		•	7 y	
d	NAME OF HOSPITAL OR	INSTITUTION (if not in hasp	ital, give street address)	d. STREET ADDRESS				e SREIL E
I	n Cell at	City Pol	lice He	adquarters	<u> </u>				YES NO
3. NA	LME OF CEASED	Ein	st	Middle	Lost	4. DATE OF	Monti	n Day	Year
	pe or print)	Vinc	ent	(Nene)	Honick	DEATH	Ma	r. 7	19 59
5. SE)	Male Wi	OLOR OR RACE			DATE OF BIRTH		AGE (n years lent brithday)	Months Days	Hours Min.
			WIDOWED		MARCH 1914				
10ຄ. ໄ ຜ່ານ	ing most of working life,	ve kind of work even if retired)	done 10b Ki	ND OF BUSINESS OR INDUST	PENNA.	te or foreign co	untry)	USA	WHAT COUNTRY
12.5	NONE ATHER'S NAME				14 MOTHER'S MAIDEN	2 214 145			
	CHAEL HONIC	sk			UNKNOWN	INAME			
15, V	AS DECEASED EVER IN L	U. S ARMED FO	RCE57 16 5	OCIAL SECURITY NO. 117	YFORMANY		Address		
		give was or dates at	NO	TE CEC	DRGE HONICK	Motores	PORT PA		
	0				MOM HOME	Lioutinas		T T	
ľ	8. CAUSE OF DEATH [En		ise per line to	or (a), (b), and (c), j				ONSE	YAL BETWE'N T AND DEATH
	PART I. DEATH WAS	DIATE CAUSE (o)		Asphyzia di	ue to hangir	15			
	174X	DUE TO				_			
	Conditions, if any, w	hich) (b)							
	gove rise to immediate co	ouse (or Manifesterities and					
	o), stating the underly	Aud							
Z F	PART II, OTHER 5 G			NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(0) T	
E			4.4.4	· · · · · · · · · · · · · · · · · · ·					PERFORMED?
5	On EXTERNAL CALLSE WA	45 120	N. DESCRIPE	HOW INJURY OCCURRED (E	ater actives of course in P	art I as Rest II a	# in- 18 5		TAPI NO
1210	Oo. EXTERNAL CAUSE WARMARY ED OF CONTRIBUTATION OF DEATH.	TING []		i self in cell			-	th his be	lt
EDICAL	Oc. TIME OF INJURY			JURY OCCURRED 20e PLA	CE OF INJURY (Home, fo	rm, 20f. (City o	or fown)	(County)	(State)
MED	1:00 xxx M	ar 7 19	59 of wor		ory, street, office bldg., e Se 11		ageratow	n Wash	Md
1	21. I certify that I	taok charge	of the re	emains described abo	ve, held an Autor	osy 🔀, In:	spection X,	Inquiry .	, and in my
	pinion death resul	ted from:	Natural co	ouses 🔲. Accident [], Suicide K,	Hamicide	. Undele	rmined manne	r 🔲
	0	77/) and	, 7 200					DATE SIGNED
	HIGNATURE	Tutoe	1/ 6	vella	_M D, CHIEF MEDICAL	EXAMINER			DATE SIGNED
					ASSISTANT MED	ICAL EXAMINER		3-9-59	
	EXAMINER'S NAME (Type)	5. 1	Robert	Wells, M.D.	DEPUTY MEDICA	L EXAMINER 🔀			
	BURIAL CREMATION 22	b. DATE THEREC	or I:	72c NAME OF CEMETERY OR	CREMATORY	22d, LOCATI	ON (City, Jown,	ar county)	(Stote)
	REMOVAL (Specily) URIAL	MARCH II	T958	FAIRVIEW CER	METERY		SPORTPA		
	UNERAL DIRECTOR 5 SIGN		37700	ADDRESS		C'D BY REGISTR		E STRAR'S SIGNATUI	TE .
	HECK FUNERAL		MCKEES	PORT, PA.					
	Tradit a Citiza Cara	- III			DATE	MAR 1 0 "	23	irthur S. Hu	wa.



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALT	MORE,	18
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3615 CERTIFICATE OF DEATH

	Reg. Dist. 140.
1 PLACE OF DEATH a COUNTY L 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	USUAL RESIDENCE (Where deceased lived institution Residence before admission) STATE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) HAFERSTOWN 7 MCNTHS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION FOR INSTITUTION OF LAND 5 476 HOS	d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO} \)
3 NAME OF First Middle DECEASED (Type or print) ORA ALBERTA	HORTON DEATH Month Day Year DEATH MONTH 7 1959
· · · · · · · WIDOWED [] * DIVORCED	8 DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS IF UNDER 24
00 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY 17 A A TO COP CITY 19 A.
13. FATHER'S NAME 17. 5-16 LL LC T 75-P?	14 MOTHER'S MAIDEN NAME EZIZAZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
Yes no or unknown, a fill use own our or dotte of samural	NFORMANT Address HAGERSTONN, A
17/ O DUE TO	Juliver à metastasis to inquire 14 mon
carcinoma of endometrium	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Parl 11 of Item 18)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40 Fac. White Not white 60 work 61 of work 62 of work 63 of work 64 of work 65 of wor	ACE OF INJURY (Home, form, 20f (City or town) (County) (State ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from QUG. 21 alive on March 7. 19.59, and that death	8 . 1958, to March 7., 1959, that I last saw the decease occurred at 8:10 PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGN
ACTUAL SIGNATURE VICTOR of Ramms	M.D. Western Maryland State Hospital Man
PHYSICIAN'S VICTOR L. ROMOS 70. BURIAL, CREMATION, 1226. DATE THEREOF 122C NAME OF CEMETERY OF	Hugerstown, mary land
REMOVAL (Specify) 11/1/1/1/1/ BRUAD TUR	EMETERY HI VI GOVE GO. PEN.
1) Function is signature address 1/4/28/27.	240. REC'D BY REGISTRAR 246 REGISTRAR'S'SIGNAJURE CITCHIA & TUMB



03619

e. IS RESIDENCE

NO F

59

10

YES 🗀

Rea, Dist. No.

Washington

29

U.S.A

(County)

DATE

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY

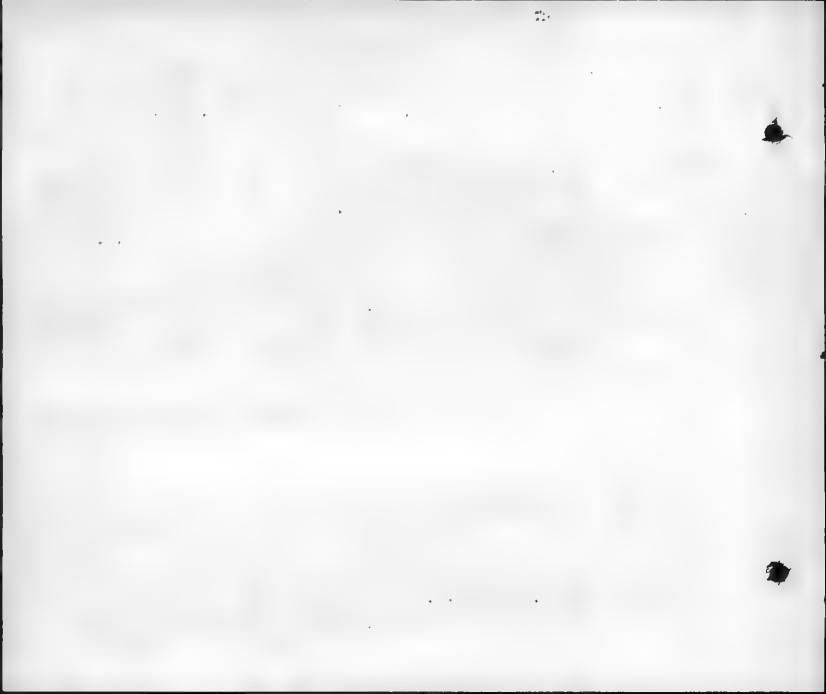
INTERVAL BETWEEN

PERFORMED? YES NO

(Slote)

DATE SIGNED

VS A15 (4) 1IIM 10/57



MARYLAND

vears

Middle

Hovermill

DIVORCED [T]

Home

10a. USUAL OCCUPATION IGive kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

c. LENGTH OF STAY IN 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Marvland

Sleepy Creek W.

Mary I. Riser

14. MOTHER'S MAIDEN NAME

William F. Hovermill

d. STREET ADDRESS

8. DATE OF BIRTH

17. INFORMANT

Hagerstown

230 Alexander St

4. DATE

OF DEATH

b. COUNTY

March

9. AGE (In years last birthday)

YES.

Address

03620

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HPS

12 CITIZEN OF WHAT COUNTRY

U. S. A.

Md.

Days

Months

Hagerstown

ON A FARM?

YES NO DE

Year

1259

PLACE OF DEATH

NAME OF

5. SEX

DECEASED

(Type or print)

13. FATHER'S NAME

Female

Washington

RURAL and give nearest town? Hagerstown

b. CITY OR TOWN (If autside corporate limits, write

Mary

during most of working life, even if retired)
HOUSE WIFE

John

d. NAME OF HOSPITAL (If not in hospital, give street address)

White

Laign

IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

OR INSTITUTION
Washington County Hospital

Jane

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED I

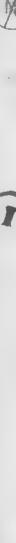
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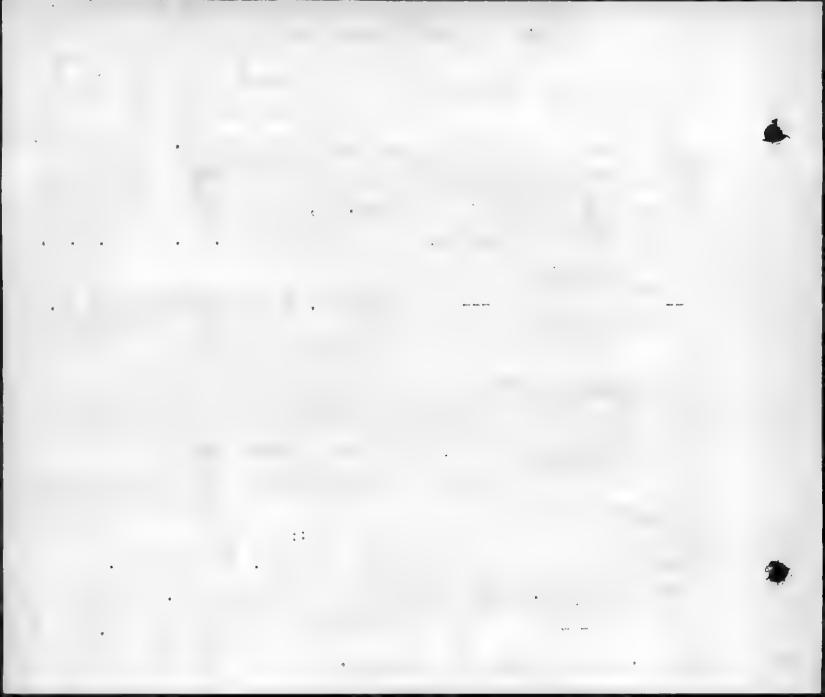
ofter death.

HOSPITAL

1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 18-W DUE TO isclusion and arteriese Conditions, If any, which gove rise to immediate DUE TO couse (a), stating the underlying couse last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES INO I 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBÉ HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Not while at work at work 🗀 Mar 6 21. I certify that I attended the deceased from. _____, 1955 that I last saw the deceased May 1958.10 and that death occurred at 4:458M, from the causes and on the date stated above ADDRESS (Street, city or town, state) 217 W. Washington St. ACTUAL SIGNATURE PHYSICIAN'S Edward W. Ditto Hagerstown NAME (Type) Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Rose Hill Cemetery Hagerstown Md . 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE Scott F. Minnich & Son DATEMAR 9 Hagerstown Md. arthur & Kraus



0 VS A15 (4) 15M 9/55



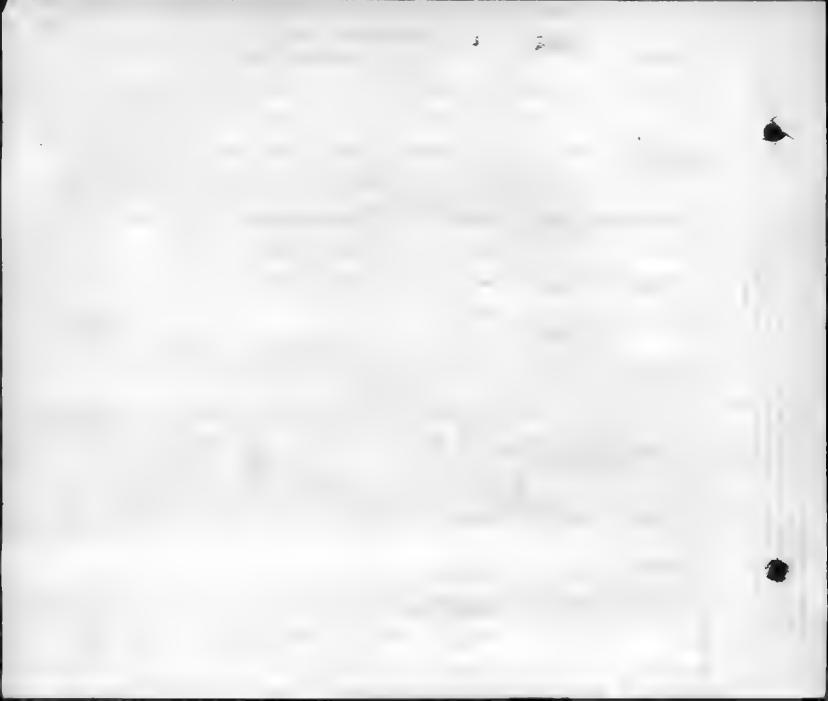
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Suld be filed with	253/
eld b	4
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puo \	, ,

TO FUNERAL I The haspital or attending physician.

TO FUNERAL I THE After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shaul — letached far use as the burial-transit permit. Then please carbon papers. Pages 1 and Suld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haur after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

	3668	CERTIFICATE O	F DEATH	Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY AND C. L. LAIC TABLE	O. STAT	Е ь. с	institution: Residence before admission) OUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	ENGTH OF STAY IN 16 c. CITY	OR TOWN (If outside corporate limits	, write RURAL and give nearest town)
7	d. NAME OF HÖSPITAL (If not in hospital, give street address or INSTITUTION HAGEUSTOWN /VID. R	. / 1	KURAL EET ADDRESS TACKERSTOWN	ON A FARM? VES IN NO SE
	3. NAME OF DECEASED (Type or print) BERTHA	Maddle FLUME	Lost 4. DATE OF OF DEATH M	Month Day Year 41264 - 27 - 1959
	FEMALE NHITE WIDOWED &	DIVORCED AUG.	22-1882 10st bit	thdoy) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY
	during most of working life, even if retired) HOUSE WIFE A 13. FATHER'S NAME		-CHMANTON WAS	H. CO MD. U.S.A.
	15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCI		ANNA CLA	Address
	18. CAUSE OF DEATH [Enter only one cause per line for	ONE MRS. HA	RRY S. PALMER	HAGERS TO WA AND . 2. INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (o), stoting the under- lying couse lost A2 DUE TO (c)	ivri selerotie	Jardiov. ular	21.00 × 1
,	PART II OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
		HOW INJURY OCCURRED (Enter no	ure of injury in Port I or Port It of Item	n 18.)
	To 20c. TIME OF INJURY Month, Day, Year 20d. INJUR While of work	Not while foctory, street,	URY (Home, form. 20f. (City or lown) office bldg , etc)	(County) (State)
	21. I certify that I attended the deceased falive on 3-14-1, 19 ACTUAL SIGNATURE Challes The Signature Challes			19,that I last saw the deceased abuses and an the date stated above or town, state) DATE SIGNED
	PHYSICIAN'S NAME (Type) Charalas : 12	10		
	OREMOVAL (Specify)	E. NAME OF CEMETERY OR CREMATO MITHS BURG- CEM	RY 22d. LOCATION (CIT)	
	23" FUNERAL DIRECTOR'S SIGNATURE BOOK	ADDRESS TIALLIS Ma	DATEMAR 3 1 159	6 REGISTRAR'S SIGNATURE Chillum S. Ferance



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

03623

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO 🔯

> > (Slote)

20 yrs.

YES NO M

Yeor

1959

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 3618 director, 1. PLACE OF DEATH G. COWNShington MARYLAND eath. erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL oHavest's Cown 16 years P d. NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS Washington County Hospital aurs Ξ. Š NAME OF Lost 4. DATE filled DECEASED Itneyer Laura Virginia (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH emale Whitenower DIVORCED T Nov. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) House Wife Own Home Near Chewsville 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abner Neff Salome IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Miss Erma Itnever -18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: Acute Cerebral thrombosis IMMEDIATE CAUSE (o) Arteriosclerotic myocardial heart disease DUE TO à Canditions, if any, which with myocardial failure (bl peen signed gave rise to immediate Per Per DUE TO cause (a), stating the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION 20g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a. ft. Not while None at work 🔲 at work 📑 none 21. I certify that I attended the deceased from Oct. 19.50, to March 20 19.59 that I last saw the deceased Ö ACTUAL SIGNATUR N. Potomac St PHYSICIAN'S Robert Wells NAME (Type) Hagerstown FUNES 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY page REMOVAL (Specify) Rest Haven Cemetery 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24c. REC'D BY REGISTRAR

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

o. Stanaryland b. COUNTY Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown IS RESIDENCE 117 Fairground YES NO TE Month March 20 19 59 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? S. A. Md. Stockslager Address Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH 53 days PERFORMED? YES NO N

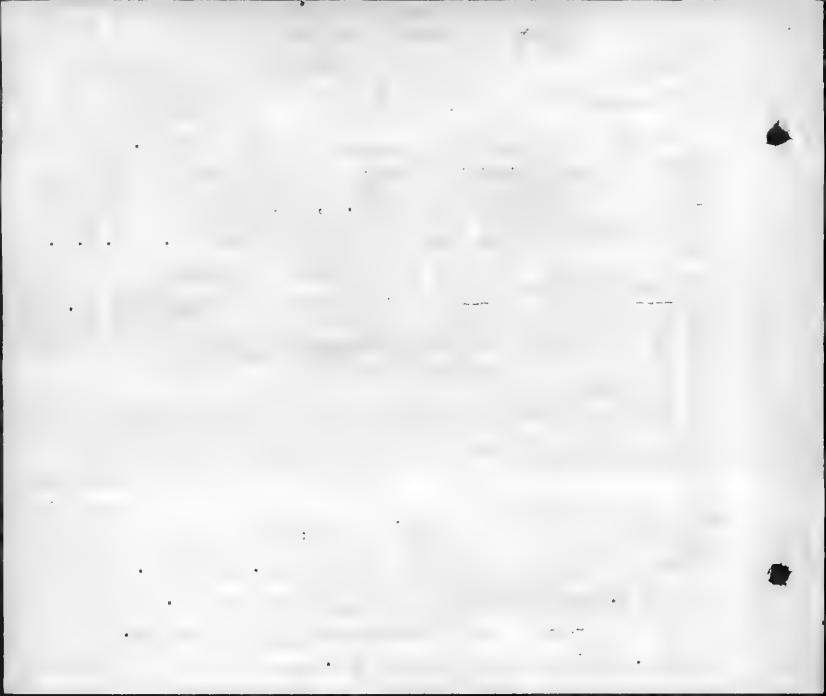
(County) (Stole)

, 19.59 , and that death occurred at 4:05pM, from the causes and an the date stated above.

ADDRESS (Street, city or town, state) DATE SIGNED

22d. LOCATION (City, town, or county) (Stote) Hagerstown Md

24b, REGISTRAR'S SIGNATURE Scott F. Minnich & Son Hagerstownm M d. PATED 2 4 159



VS A15 (4) 15M 9/5S

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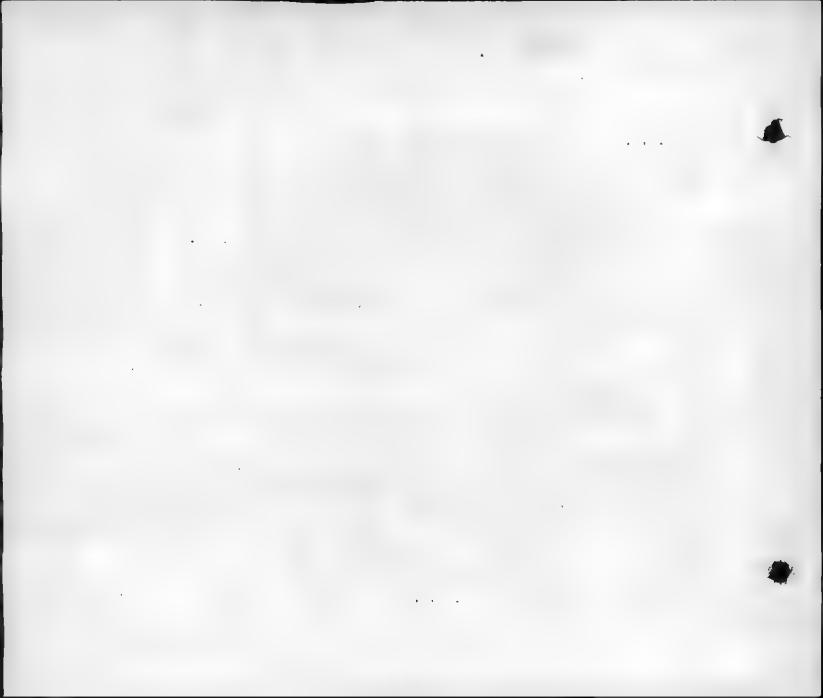
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3619 CERTIFICATE OF DEATH

Reg. Dist. No.

	Keg. Uist. 110.
1. PLACE OF DEATH g. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE
Washington MARYLAND	Maryland b. county Washington
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ragerstown, l'aryland 35yrs	Ragerstown, Ragerstown.
d NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS . 15 RESIDENCE
or institution 112 Bloom Ave.	112 Bloom Ave ON A FARM?
3 NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) Theodosia Caleetice	Jones Death March 17 1959
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF RIPTH 9. AGE (In years I IF UNDER 1 YEAR) IF UNDER 24 HRS
Temale Colored WIDOWED DIVORCED	Mar \$ 1967 September 1967 Manths Doys Haurs Min.
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTI
Domestie Own home	Burkettsville, Md. USA
13. FATHER S NAME	14 MOTHER'S MAIDEN NAME
Thomas Dorsey	Mary Boyce
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 H	NFORMANT Address
	John Jones 112 Bloom Ave
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY KREELINGTON	Next HERECOLD ONSET AND DEATH
IMMEDIATE CAUSE (o) LU 16 X DUE TO	
Conditions if any which \	
gave rise to immediate	
lying cause last.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PERFORMED? YES NO FI
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING [] CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f (City or town) (County) (State
Oc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED And While Nat while at work of work	clary, street, affice bldg., etc.)
Lant.	10 Ve Kind 17 29
The second of th	19.77, to 1997, that I last saw the deceas
alive an 19 1, 19 I and that death	accurred atM, from the causes and on the date stated about ADDRESS (Street, city or town, state) DATE SIGN
ACTUAL Milo MAI Herry	
SIGNATURE	Mo. 159 W. Washington St., 3/20/59
PHYSICIAN'S Philip J. Hirshman, M.D.	
22d. BUR.AL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, fown or county) (State)
Burial 3-21-1050 Rose Will	temetery Magerstown Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
Total K Walson & Nagaralow	MO DATE MAR 2 3 159





03626

3041	GERTHIOA		Reg	g. Dist. No.
1. PLACE OF DEATH o. COUNTY AShington	MARYLAND	2. USUAL RESIDENCE (Whe STATE Maryland	ere deceased lived. If institution Re b. COUNTY AS	nsidence belore admission) hington
b CITY OR TOWN (Il outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16		itside corporate limits, write RURAL	
Lagerstown, Md.	Life time	1 Magerstew	n, Maryland	
d. NAME OF HOSPITAL (II not in hospital, give street of OR INSTITUTION Washi neton County Tosh		d. STREET ADDRESS	thel Street	e, IS RESIDENCE ON A FARM? YES NOTE
3 NAME OF DECEASED (Type or print) George	Millary	Ke ves	4. DATE Month OF DEATH March	7 1959
		DATE OF BIRTH	9. AGE (In years IF UI lost b rthday) Mor	NDER 1 YEAR IF UNDER 24 HRS
Male Colored WIDOWED		June 10 190		oths Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)				2 CITIZEN OF WHAT COUNTRY
	ternal Club		own Maryland	USA.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA		
George Keyes		Florence	····	
15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SC (Yes, no or unknown) [II yes, give wer or dolm of savice) 218	-20-9949 M1:	FORMANT SS Lillian	Keyes 514 N.	Jonathan St.
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY:	ior to). (b). one (cry	5 /62	molet & 1=1	ONSET AND DEATH
IMMEDIATE CAUSE (0)	Cul Li	7-	611 01 200	(L) A
332 × DUE TO	1 /	11	2 (-)	11 1 . 1
Conditions, if ony, which) this	Energy CA	Meline -	- CLEVILLY	1/142
gove rise to immediate DUE TO				1
lying couse lost.				
	NTRIBUTING TO DEATH BUT N	OT RÉLATEDITO THE TERMIN	HAL DISEASE CONDITION GIVEN IN	PART 1(6) 19, WAS AUTOPSY
\$ de ofe	les a	letur		PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED.	. (Enter noture of injury in Pi	art I ar Port II of item 18)	
20c TIME OF INJURY Month, Day, Year 20d, INJ Hour o. m. 19 While	Not while locto	CE OF INJURY (Home, form, ory, street, office bldg, etc.)	20f (City or town)	(County) (State)
21. I certify that I attended the deceased	17.5	10\ 8 10	(Aze. (1) 10 (1)	at / last saw the decease
olive an 195		occurred 100	M, from the causes and	at Clast saw the deceased
		. A	DDRESS (Street, city or town, state)	
ACTUAL SIGNATURE	· clly M	10.	12071	40 (land 9
PHYSICIAN'S DES US CA	al ay		U	
	22c. NAME OF DEMETERY OR	CREMATORY	22d LOCATION (City, town, or cou	inty) (State)
Burial 3-11-1959	Rose Will Ce	metery	Magerstown, Na	eryland.
23 FUNERAL DIRECTOR'S SIGNATURE	ADORESS		BY REGISTRAR 246 REGISTRAR	
909 P 11-7 - 9	Magazin	- 4		9 K

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL YS A1S (4) 1SM 9/55

may be retained by the haspital or attending physician.

D FUNERAL (CTOR: After this certificate has been signed by the attending physician and copage 3 should added for use as the burial-transit permit. Then please remove carbon partite registrar prior to burial, cremation, or removal, and in any event within 72 hours after death

0

funeral director,

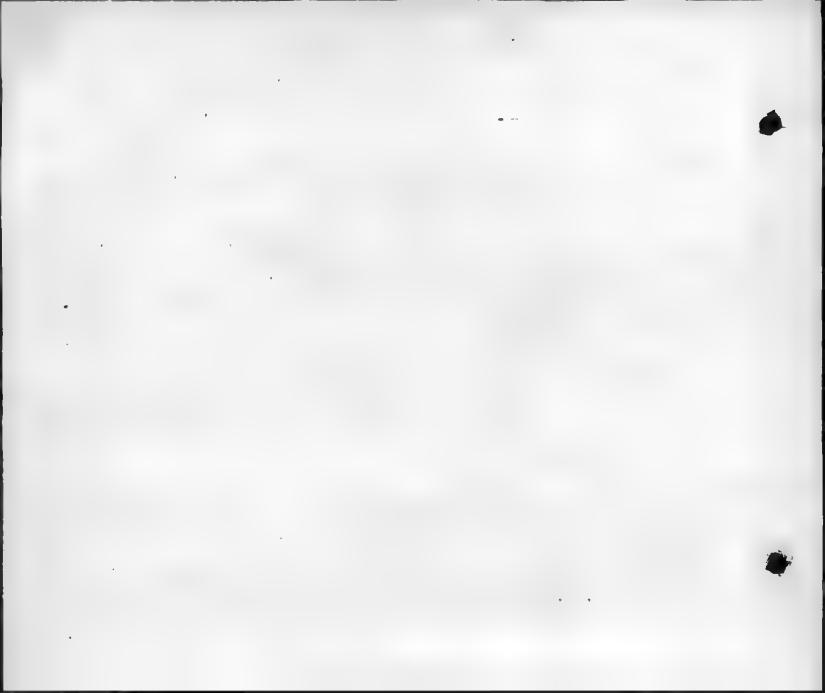


VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3622 CERTIFICATE OF DEATH

							Reg. Dist. I	No.	
1. PLACE OF DEATH	Monhineton	MARYLAN	O STATE		era deceased lived		Residence b		
. CITY OF TOUR	Washington			Md.				—	
RURAL ond give	(If outside corporate limits, write nearest lown)		e. City (•	utside corporate In		RAL and give	nearest town}	
	erstown	l Year	No.		ggold Md	•			
OR INSTITUTION	PITAL (If not in hospital, give str N CK Nursing Host		d. STREE	T ADDRESS				e, IS RESIDEN ON A FAR YES NO	RM2
3. NAME OF	First	Middle		Lost	4. DATE	Month			146
(Type or print)	Ada	Lenora	K.	ing	OF DEATH			Day Year	50
5 SEX		ARRIED NEVER MARRIED	-		9. AG	E (In years I		AR IF UNDER 24	
Female		OWED T DIVORCED		/1877	los		Months Doy	rs Hours A	Min,
100. USUAL OCCUPAT	ION (Give kind of work done I orking life, even if retired)	Ob. KIND OF BUSINESS OR IN	DUSTRY 11. BIRT	HPLACE (Stote	or foreign country)		12 CITIZEN	OF WHAT CO	UNTR
House			W	ashinet	on Co., 1	Md.	U.S	.A.	
13 FATHER'S NAME				R'S MAIDEN N					
Willie	am Hause		L:	izzie M	. Beard				
15 WAS DECEASED EV	VER IN U. S. ARMED FORCES?		INFORMANT			Addre			
No			Mrs. Des	sie Cru	inkleton,	State	Line !	Penna.	
	g the under-	eraly of H	Corter		lerosis			MERVAL BETWEENSET AND DE	ATH
CATIC	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	NAL DISEASE CON	DITION GIVE	N IN PART 1(o	19. WAS AUTO PERFORME YES NO	D?
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING (1) 206. I IG (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED (Enter natur	e of injury in f	Port I or Port II of	item 18.)			
20c, TIME OF INJU Hour o. m.	. WI	1. INJURY OCCURRED 20e.	PLACE OF INJUS factory, street, or	Y (Home, form ffice bldg., etc	20f (City or to	vn)	(Coun	ty) ((Stole)
alive an_e_		257, and that dec		ot_//_A	M, fram the	causes ar	id an the i		
SIGNATURE	1.67/	112	_ M.D	227.45	CHILLIAN.		777.9	1.110	15
PHYSICIAN'S NAME (Type)	G. A. Kohl	e <u>r</u>			0	_		,	
220 BURIAL, CREMATI REMOVAL (Specif	7] , ,	22c. NAME OF CEMETER		ſ	22d LOCATION (City, town, or	county)	(Stote)	
Burial	3/13/59	Green H	<u> </u>		Waynesh				
23 FUNERAL DIRECTO	K'S, SIGNATURE	ADDRESS	1 1		D BY REGISTRAR	1	RAR'S SIGNA	_	
ite in is	- CI - THOU	Elizabres	toro for	DATE	11 2 59	1 1 1 has	or 2 than	MA	

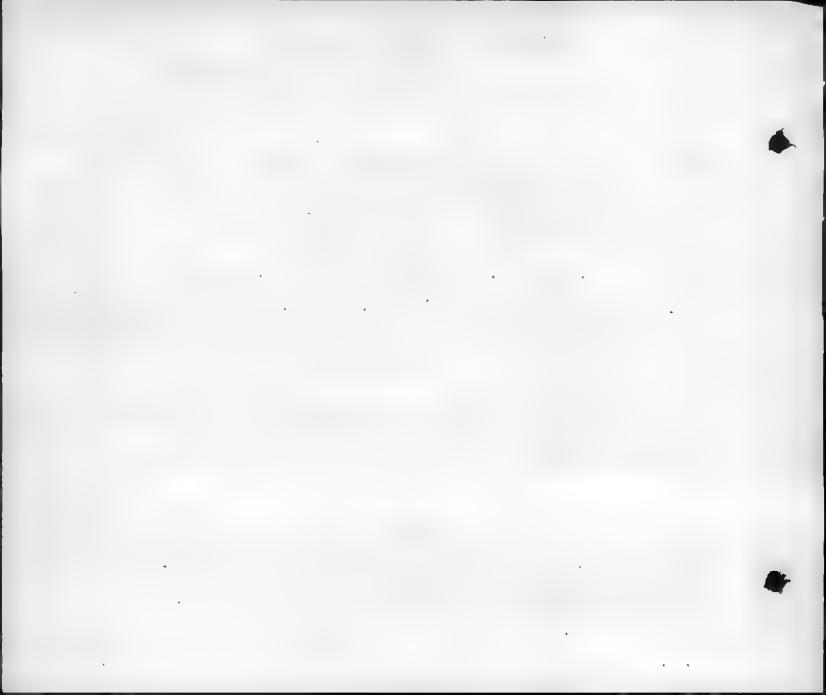


 7	67 (i)	, at	
6	7		,

TO HOSPITAL OR ATTENDING PHYSICIAN: To low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician and campletely filled in the funeral director, page 3 shall be detached for use as the buriol-transit permit. Then please remaye carbon pages. Page 1 and 2 shalld be filled with the registrar prior to buriol, cremation, ar remayol, and in any event within 72 haurs after death.

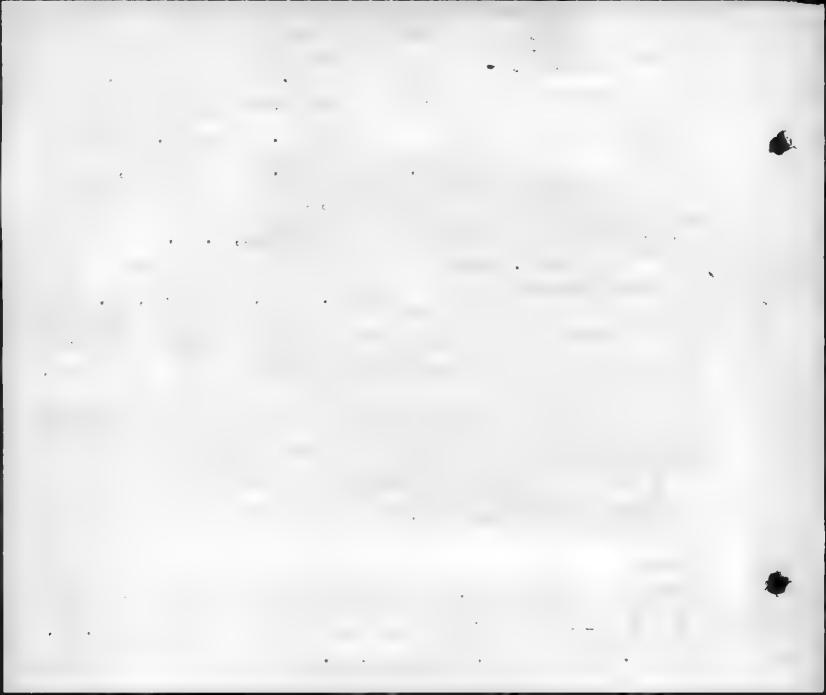
VS A15 (4) 15M 10/57

0000		<u> </u>		Re	ig. Dist. No.	
1. PLACE OF DEATH g COUNTY	2. U	SUAL RESIDENCE (WIN			Residence befor	re odmiss on)
Washington M	ARYLAND	Maryl	.and '	COUNTY	Frede	erick
b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)	(AY IN 1b c.	CITY OR TOWN (IF o	utside corporate lin	nils, write RURA	L and give nea	rest town)
Hagerstown Month	s	Frede	rick			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	4	STREET ADDRESS				e IS RES DENCE
Western Maryland State Hospital		126 We	st Patri	ck Stire	et	YES NO E
3 NAME OF DECEASED (Type or print) JOHN (Bornard) A.	idle Klin	Lost	4 DATE OF DEATH	Month	18 00	y Year
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RRIED K B DAT	E OF BIRTH	9. AG	(In wages IEI	INDER 1 YEAR	IF UNDER 24 HRS
Male White WIDOWED DIVO	RCED Aug	gust 5, 192	29 29	birthday) Mo	onths Doys	Hours Min
100. USUAL OCCUPATION (Give hind of work done 10b. KIND OF BUSINES during most of working life, even if retired)	S OR INDUSTRY I	1 BIRTHPLACE (State	ar foreign country)		12 CITIZEN O	F WHAT COUNT
Laborer Bowling Al.	ley	Maryla	and		US	SA
13. FATHER'S NAME	14	MOTHER'S MAIDEN N	AME			
Arthur G. Kline, Sr.		Mattie	V. Grime	3		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NO 1219–20–285		Mattie V.	Kline, F	3 Last"	Second k, Mary	Street
18. CAUSE OF DEATH [Enter only one couse perstine for (o), (b), and		***			INTE	RVAL BETWEEN
PART I DEATH WAS CAUSED BY INMEDIATE CAUSE (0) PLANTIN ARY	EdSHA	AND CO	DNOFSTI	CN	ONS	ET AND DEATH
OF1.0 DUE TO DI			1			1
Conditions, if any, which) (b) PORTAL	CIRRLI	0515			1	5 MINY
gave rise to immediate couse (o), stoting the under-						
lying cause lost (c)						
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT R	ELATED TO THE TERMI	VAL DISEASE CON	DITION GIVEN I	N PART 1(0)	9. WAS AUTOPSY PERFORMED?
3 LOOPHRYEAL VARICE	5 AS	CITES .				YES NO
20g. ACCIDENT WAS UNDERLYING DO DESCRIBE HOW INJURY OR CONTRIBUTING DO CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	r OCCURRED. (Ente	er noture of injury in P	art I ar Part II af i	lem 18.)		7.2
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF	F INJURY (Home, form,	20f. (City or tow	n)	(County)	(State
Hour a. m. 19 of work of twork of	roctory, s	treet, affice bldg., etc.)			
21. I certify that I attended the deceased from 1/4	ech 11	1959, 10 MA	12ch 17	1059 16	ot I last se	us the deces
1 1/ /		rred of 8:02 A				
			ADDRESS (Street, ci			DATE SIGN
SIGNATURE & MI arry to R. Kurdyon	lest MD	1500 /91	NSW/WAX	lin AU	E.	3-18-54
PHYSICIAN'S EUNISTO R. LARDIZA	hal	HONER	tere es	4.1		
	EMETERY OR CREA	AATORY /	201 100170	- S-C4		
REMOVAL (Specify)	Olivet Ce		22d LOCATION (C			(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	017AC0 06		BY REGISTRAR	erick,		laryland
M. R. Etchison & Son. Frederick. M.	arvland		2 0 '59		2 House	



X	MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMO	ORE, 18
	3624	CERTIFICATE	OF DEATH	R

		3024	CERTIF	ICAT	E OF DEAT	TH	Reg. Di	ist. No.	11906;
	PLACE OF DEATH	Washington	1 MARYLA	- 11	USUAL RESIDENCE (V		ed If institution: Resider b. COUNTY Was		idmission)
L	Hagerst	own	25 years	1ь	c. CITY OR TOWN (I		limits, write RURAL and		t town)
1	or institution Washing	ton County	street oddress) Hospital		d. STREET ADDRESS	S. Poto	nac St.		S RESIDENCE ON A FARM? ES NO
L	NAME OF DECEASED (Type or print)	Daniel	Preston		Knode, S:	4. DATE OF DEATH	March 2	Day	19 ⁵ 9
	male	white w	MARRIED NEVER MARRIED DOWED DIVORCED	յ ժա	ne 3, 18	9	ost birthdoy) Months		UNDER 24 HRS
	postal	ON (Give kind of work done king life, eyen if retired) CLOPK	106. KIND OF BUSINESS OR I		Sheperd	stown, 1		TIZEN OF V	VHAT COUNTRY?
1	FATHER'S NAME	Alfred L.			I. MOTHER'S MAIDEN	Lyc	iia Cloud		
		R IN U. S. ARMED FORCES (If yes, give war or dates of service		Ves		ode, Ha	gerstown,	Md.	
		TH WAS CAUSED BY. IMMEDIATE CAUSE (0)	per line for (o), (b), ond (c).] Hypertensive	e Ca	raiovascu	ular Dis	sease.	OŅŞET	AL BETWEEN AND DEATH CLAYS
	Conditions, if a gover ise to i	mmediate	Pulmonary En	uphy.	sema & Fi	ibrosis		Y	ears.
	couse (o), stating lying couse lost,	the under- DUE TO (c)							
INDICAL CERTIFICATION			ONS CONTRIBUTING TO DEATH	thm	a.			P	WAS AUTOPSY PERFORMED?
L CERTIS		MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (E	nter nature of injury i	n Port I or Port II c	of item 18.)		
■ DICA	20c. TIME OF INJUS Hour a. jr. p. m.		20d. INJURY OCCURRED 20 While Not while of work of work	tactory	OF INJURY (Home, for street, office bldg., e	etc.)		County)	(Stote)
		arch 1		25, eath oc	, 19 <u>59</u> , ta A curred at <u>ප :</u> 1	LO MA fram th	19 59that I te causes and an t city or lown, state)	last saw he date	the deceased stated abave.
	ACTUAL SIGNATURE	1911/2	Sell	M.D.		th Poto	ma c otree		-3-59
	PHYSICIAN'S NAME (Type)	R.A.Bel					Maryland	ŧ	
	BURIAL CREMATIC REMOVAL (Specify) DUTIAL	3-5-59	Elmwood C				herdstown	w.	(Stole) Va.
	FUNERAL DIRECTOR		Son, Hagers	town	, Md DATE	C'D BY REGISTRAR	246 REGISTRAR'S SH Critury &		



03630

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **6. COUNTY** MARYLAND HINGICK b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWNI(If autside corparate limits, write RURAL and give nearest town) RURAL and give neorest town) RSTOWN RSTAWIN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES 📋 NO 🔄 /~ NAME OF 4 DATE First Middle Lost Month Day Year DECEASED OF DEATH (Type or print) 19 ORC-VNCH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days DIVORCED | WIDOWED [TVa USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT LOCUST. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 21-16 IMMEDIATE CAUSE (o) 420,1 **DUE TO** Conditions, if any, which (b) gove rise to immediate DUE TO couse (b), stating the underlying couse lost. (c) PART \$1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$161 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of ilem 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg , etc.) Hour o m. While Not while of wark of work p. m. 21. I certify that I attended the deceased from Pronounces, acarda Attume., 19. that I last saw the deceased ___, and that death accurred at alive an M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) REMOVAL (Specify) n. M.I DONISA 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

0 15M 9/55

HOSPITAL FUNE



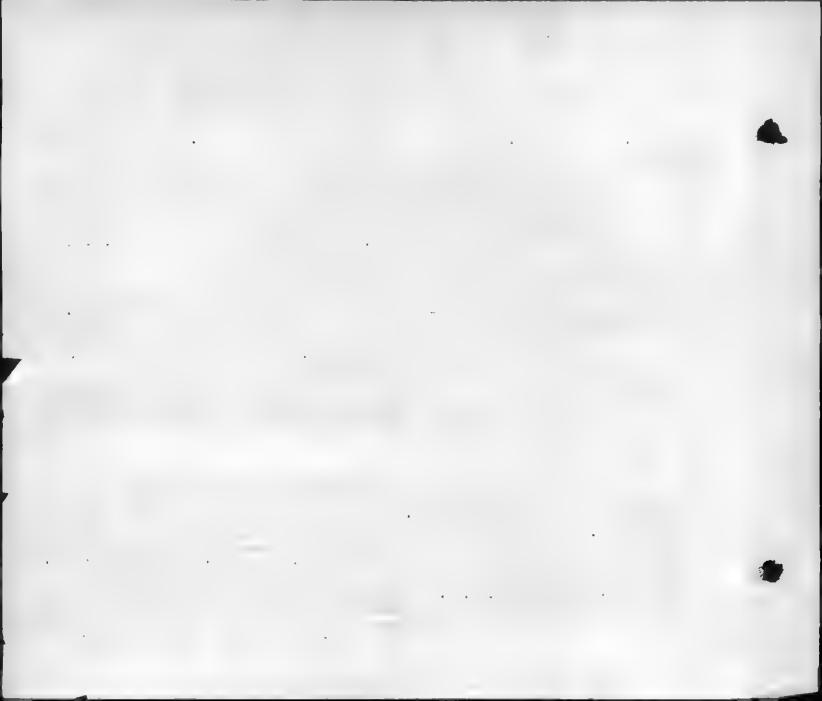
VS A15 (4) 15M 9/5S W.

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MARYLAND	STATE DEPA	ARTMENT	OF HEA	LTH-BALTIMORE,	18
200					

3626 CERTIFICATE OF DEATH

b. CITY OR TOWN [If outlide corporate limits, write RURAL and give nearest RURAL And give n		Reg. DIST. No.									Н
RUBALORS OF HOSPITAL (If not in hospital, give street oddress) JRANET S. POTOMAC ST. JRANET S. POTOMAC ST. JOSEPH MATTHEWS		WASHING	lived. If institution b COUNTY	ere decessed AND	MARYL	2. USUAL R o. STATE	MARYLAND		ASHINGTON	a. COUNTY	ī
STATES NAME STATE	t town)	URAL and give nearest	·			c. CITY C		ils, write	orest over N	B. CITY OR TOWN	
DECEASED Country DAMES JOSEPH MATTHEWS DEATH MARCH SI	IS RESIDENCE ON A FARM? ES NO 🖔	" (ST.	TOMAC		1	oddress)	T.	POTOMAC	d NAME OF HOS	
MALE WHITE WIDOWED DIVORCED 11/18/1901 lost birthogy? Months Days H. 100 L SUAL OCCUPATION (Give kind of work done done to done) 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W AIRCRAFT CO. MARYLAND 13. FATHER'S NAME JAMES MATTHEWS 14. MOTHER'S MAIDEN NAME MARY MCDEVITT 15. WAS DECRASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 16. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if only, which gove rise to immediate course per line for (b). (c) DUE TO Conditions, if only, which gove rise to immediate course per line for (c). (c) PART 1. DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YE PART 11 OF THE MEDIATE CAUSE (c) DO ACCIDENT WAS UNDERTYING 1 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) 200. ACCIDENT WAS UNDERTYING 1 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) 200. THE OF INJURY Month, Day, Year 200 INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) 201. I certify that I attended the deceased from Octo 19 of Work 10 of wor	Year 19 59	7		OF		MATTE	JOSEPH		JAMES	DECEASED	3.
during most of working life, even if refired) TOO L. MAKER AIRCRAFT CO. MARYLAND U.S. 13. FATHER'S MAME JAMIS MATTHEWS IN MOTHER'S MAIDEN NAME MARY MCDEVITT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address HAGFPSTO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ROUTE OF DIABETER M COnditions, if any, which gove rise to immediate couse (b), Holing the ynder: Lying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YE 200. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING TO CAUSE OF DEATH HOUR a.m., DONE TO THE WAS UNDERLYING TO THE WORK TO THE W	UNDER 24 HRS.		lost birthdoy)					i			5
JAMES MATTHEWS IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT IVENTO OF UNANOMAL III PRICE OF DEATH [Enter only one course per line for (a), (b), and (c) } PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET ON X DUE TO Conditions, if any, which gove rise to immediate course lost. (b) DUE TO Diabeteb M 19 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. YE 200. ACCIDENT WAS UNDERLYING DOOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) 19. YE 200. ACCIDENT WAS UNDERLYING DOOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. YE 200. ACCIDENT WAS UNDERLYING DOOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. YE 200. ACCIDENT WAS UNDERLYING DOOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. YE 200. ACCIDENT WAS UNDERLYING DOOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. YE 200. ACCIDENT WAS UNDERLYING DOOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. YE 21. I Certify that I attended the deceased from Octo 19. 40. March 21 19. 99 that I last saw alive an Dece 22 19. 19. 40. 10. March 21 19. 99 that I last saw alive an Dece 22 19. 19. 40. 10. March 21 19. 99 that I last saw alive an Dece 22 19. 19. 40. 10. March 21 19. 99 that I last saw alive an Dece 22 19. 19. 40. 10. March 21 19. 99 that I last saw alive an Dece 22 19. 19. 40. 10. March 21 19. 99 that I last saw alive an Dece 22 19. 19. 40. 10. March 21 19. 99 that I last saw alive an Dece 22 19. 19. 40. 10. March 21 19. 99 that I last saw		U.S.	untry)	ND	IARYLAI	0. N		done 10b	king life, even if retired	TOO L	
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Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. YE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. YE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. YE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. YE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. YE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. YE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. YE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. YE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. YE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. YE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OR COUTRED (Enter noture of injury in Port I or Port II of item 18.) 200. THE OF INJURY MONTH OR COUTRED	AL BETWEEN AND DEATH						e for (a), (b), and (c)]		TH WAS CAUSED BY:		
gove rise to immediate couse (o), stating the <u>under lying couse lost.</u> Part II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. YE 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, affice bldg., etc.) 21. I certify that I attended the deceased fram Octe 19. March 21 19.59 that I last saw alive an Dece22 19.58, and that death occurred at 2 15 A. M. fram the causes and an the date street in the couses and an the date street in the couse street in the couses and an the date street in the couse in the couse street in the couse in th</u>	r.	lhi		. 8	rombosi	nary th	acute core		au which \	0	
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20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED to the p.m. none 19 While of work at wark 21. I certify that I attended the deceased from Oct. 21. I certify that I attended the deceased from Oct. 22. I certify that I attended the deceased from Oct. 32. I certify that I attended the deceased from Oct. 32. I certify that I attended the deceased from Oct. 33. I certify that I attended the deceased from Oct. 34. I certify that I attended the deceased from Oct. 35. I certify that I attended the deceased from Oct. 36. I certify that I attended the deceased from Oct. 37. I certify that I attended the deceased from Oct. 38. I certify that I attended the deceased from Oct. 39. I certify that I attended the deceased from Oct. 30. I certify that I certify that I attended the deceased from Oct. 30. I certify that I attended the deceased	WAS AUTOPSY PERFORMED? ES NO 14	P								Part II O	MOTTAN
21. I certify that I attended the deceased from Oct., 1940, to Merch 21, 1959, that I last saw alive an Dec. 22, 1958, and that death occurred at 2:15A, M, from the causes and an the date s			Il of item 18.)	ort I or Port	e of injury in Pi	O (Enter notur	RIBE HOW INJURY OCCUR	206 DESC	CAUSE OF DEATH		
alive an Dec. 22 , 1958 , and that death occurred at 2:15A M, from the causes and an the date s	(State)	(County)	or town)	, 20f (City	Y IHome, farm, fice bldg., etc.)	ACE OF INJUR	Nat while _	While	Y Month, Day, Yes	TO TIME OF INJU	MEDICA
ACTUAL SIGNATURE S. Puller Dullo Mo. 115 N. Potomac St., Hagerstown, Md.	stated abave	and an the date s	the causes a	_M, from	2:15A	occurred	and that dea	, 122	ec.22		
PHYSICIAN'S S. Robert Wells, M. D.										NAME (Type)	
220 BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 220 LOCATION (City, 'own, or county) BURIAL 3/23/59 ROSE HILL CEM HAGERSTOWN MD.	(Stole)					CEM) 59			2,
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE CATALOG AT THE CATALOG AT THE PART 2 4 '59		STRAR'S SIGNATURE	PAP 245 PECIS	BY PECISTS	DATE MA			14	1	1 -7 -7	23



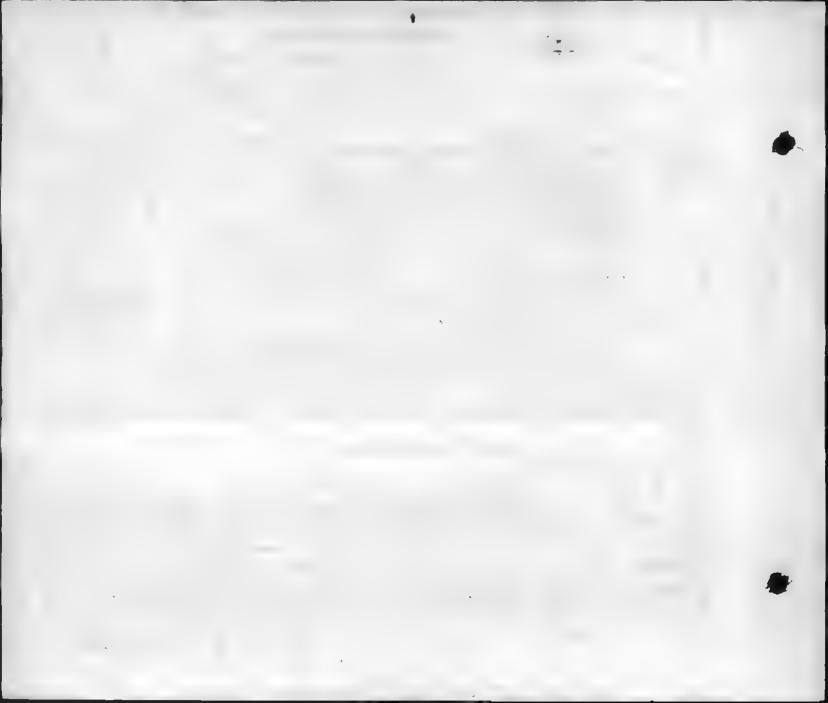
VS A15 (4) 1SM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3627 CERTIFICATE OF DEATH

#89. Dist. No.

1. PLACE OF DEATH d. COUNTY Washington	n	MARYLAND	2 USUAL RESIDENCE (V o. STATE Maryl	_	I COUNTY	Idence before odmission) ishington
b. CITY OR TOWN (If outside corpored RURAL and give nearest town) Hagerstown	le limits, write	5 wks.	c. CITY OR TOWN (IF	outside corporale stown	limits, write RURAL a	and give nearest town)
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION Washington County	-		d, STREET ADDRESS	Virginia	Ave.	o. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print) CLAI	First RENCE	Middle ANDRFW	McCOLLUM	4. DATE OF DEATH	Month Marcl	Doy Year 2 29 1959
5. SEX 6 COLOR OR 1 White	RACE 7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH August 6,19	1 1	GE (In years IF UN to birthdoy) 54 yrs.	DER 1 YEAR IF UNDER 24 HRS bs Doys Hours Min
10c USUAL OCCUPATION (Give kind of during most of working life, even if r Bus Mechanic	work done 10b retired)	kind of Business or Indi Transporta		e or foreign countries.		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	3.00		14. MOTHER'S MAIDEN	_		
J. W. MCCOLLE 15. WAS DECEASED EVER IN U. S. ARMEI [You no of unknown] [If you give wor or do NO	D FORCES? 16		INFORMANT s.Margaret B.	McCollum	Address I	Hagerstown, Id. Irginia Ave.
Canditions, if ony, which gave rise to immediate cause (a), stating the under-	USE (o) C		eart Failur oti c C ardic			3 Weeks.
PART II. OTHER SIGNIFICANT PART II. OTHER SIGNIFICANT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMI	N 20b. DES	ONTRIBUTING TO DEATH BU ONE . CRIBE HOW INJURY OCCURR				PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
20c TIME OF INJURY Month, Doy Hour s. m. p. m.	y, Year 20d It While of wor	Not white	ACE OF INJURY (Home, for actory, street, office bldg, e	m. 20f. (City or t	Qwn)	(County) (State)
21. I certify that I attended alive on Larch ACTUAL SIGNATURE PHYSICIAN'S R.A.	B ell,	and that death	m.D. 119 Nor	45M, Aram th ADDRESS (Street, th Poto)	e causes and a city or town, state)	t I last saw the deceased the date stated above DATE SIGNED et, 3-30-59
220 BURIAL CREMATION, 225. DATE TO REMOVAL (Specify) Burial April	HEREOF 1,1959	22c NAME OF CEMETERY C	OR CREMATORY	22d LOCATION	(City, town, or coun	(Stole) W.Va.
23. Funeral director's signature Rest Haven Funeral	Chapel	ADDRESS	wn, Md. DATE	APA REGISTRAS	246 REGISTRANS	SIGNA SELA
When G.	Hon	r U-P	Co.			



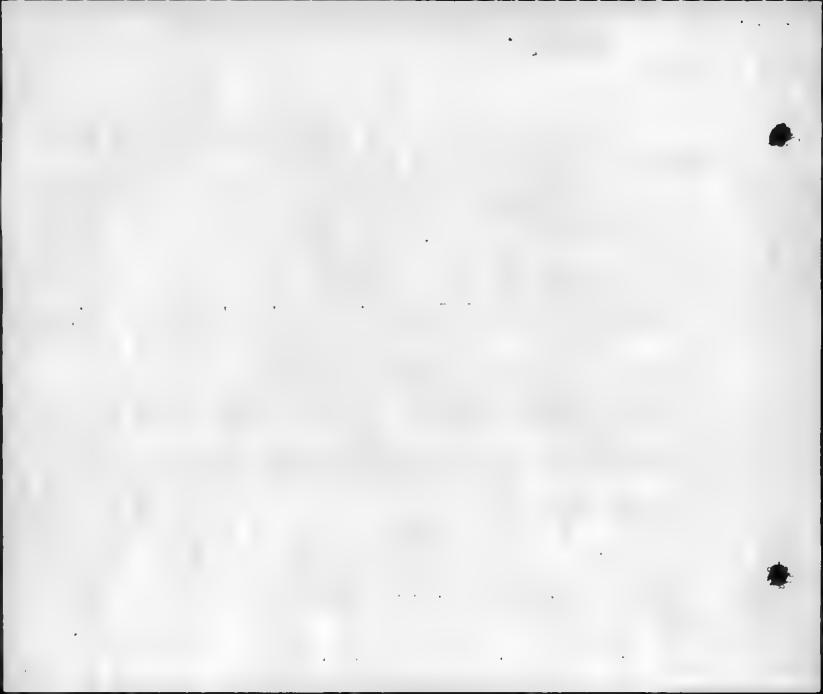
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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3628 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE :	OF DEATH	Washin	gton	MARYL	AND	2. USUAL RESIDENCE (Where decease y land		tution: Resli			
	OR TOWN (IF give nearest town) Hager	outside corporete Houts, v Stown	rite RURAL	c. LENGTH OF STAY IN	V 15	c. City OR TOWN (porate limits, writ		nd give n	earest fawn)	4
				pitol, give street oddress) Hospital		d. STREET ADDRESS	3939 excextur	Newdale ONZEROEX	Road		ON A FAR.	2M2
3. NAME -DECEAS (Type o	SED	Sarah	First	Middle Jane		Lont Mead	4. DATE OF DEATH	Mar Mar		19 ^{Doy}	Year 19.59	,
	ale	6. COLOR OR RAC	WIDOWE		5	PATE OF BIRTH 11-8-15		9. AGE (In years lost berthday) 43 yrs.	Months	R TYEAR Days	Hours Min.	HRS.
10a. USUA during r SAT	LOCCUPATION OF WORKING	N (Give kind of wor life, even if retired	k done 10b. I BE	ST & CO.	IDUSTR	GEORG	or foreign o	country)	12. CI	TIZEN O	WHAT COUN	ITRY?
13. FATHE	R'S NAME					14. MOTHER'S MAIDEN	NAME					
TAMES	WESLEY	MEAD				ADA JOY						
15. WAS E		R IN U. S. ARMED I		SOCIAL SECURITY NO.	17. INF	ORMANT		Addres	18			
(741, NO, BF (no	(If yes, give war or dates NO	or service) 5	77-05-9605	Mr	. Kenneth F	. Mead	2706 7	Cerri	oin R	d.	
38. CA		H Enter only one o	ause per line	for (a), (b), and (c).]				Silver	Spr	III INTE	WAL GEBWEEN	
	PART I. DEAT	H WAS CAUSED BY		un shot wour	nd t	hmi skuill s	nd bre	in		ONSE	BOIL 6	
1	* .	MMEDIATE CAUSE							<u> </u>	+	,	
	Otlan If an	DUE T	O (arcinomatosi Bilateral bi	ra o	hiel nneume	nie					
	litions, if an rise to immed	iote couse		Blis Geral Di	rono	HIAT bilening)1110			-		
	tating the <u>u</u>											
_			(c)	ONTRIBUTING TO DEATH	RUT NO	T PELATED TO THE TERM	AINIAI MISEAS	E CONDITION G	VEN IN DA	9T 1/m) 1:	O WAS ALITOP	PEV
ZOO. E	TAKI II. OIII		1010	A THROUGH TO BEATH	501140	WEDNIE JO HIL IEW	MINALDISEAS		17614 114 174		PERFORMED	?
병 CAUSI	XTERNAL CAU RY 23 or CON E OF DEATH.	SE WAS TRIBUTING []	206. DESCRIBI Sho	t self thru	B KU	er noture of injury in 80	revol	of item 18.) /er				
ă	IME OF INJUR Hour XXXX 130 p. m.			Not while of work X	factor	OF INJURY (Home, for y, street, office bldg., et home	n 1 1	or town) nsington		ounty) tgome	ery Mo	
21, 1	certify th	at I taak char	ge of the i	emains described	abav	e, held an Autop	sy A	nspection Z	Inqu	iry 🔲	, and find	that
deat	h resulted			Accident [],		de 🛂 Homicid	e 🔲, U	ndetermined	cause [].		
ACTU SIGN	AL ATURE	Port	ut	well	7	M.D. CHIEF MEDICAL E					DATE SIGNED	>
	AINER'S E (Type)	s. 1	Robert	Wells, M.D.		ASSISTANT MEDICAL		· ·		3-20	-59	
BUP J	L CREMATION VAL (Specify)	3/23/59	EOF	22c. NAME OF CEMETER BURTONSVILI				TION (City, town, NTGONE RY			(State) MD .	
23. FUNER	AL DIRECTOR	SIGNATURE	TNO	ADDRESS) T T P		D BY REGIST		ISTRAR'S S			
	mound		Ea.	SILVER SP	RIN	DATE M	IAR 2 3 "	59 0	when I	P. Hras	rd.	



VS A1S (4) 15M 10/S7

11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03634

3629

CERTIFICATE OF DEATH

Reg. Dist. No.

Ī	D. COUNTY Washinton		MARYLAND	2 USUAL RESIDENCE (Who a STATE Maryla		If institution Ri COUNTY	Washin	
	b. CITY OR TOWN (If autside carporate to RURAL and give nearest town) Hagerstown	mils, write c. LENGTH C	F STAY IN 16	c City or town (if ou	rstown	nits, write RURAL	and give neares	st town)
	d NAME OF HOSPITAL (If not in haspitot, 2075 Greenfield Ros	give street oddress)		/d STREET ADDRESS 2075 Greenf	ield Roa	a		IS RESIDENCE ON A FARM? (ES NO M
1	NAME OF DECEASED (Type or print)	E Pent	Middle	MILLER	4. DATE OF DEATH	Manth March	Day	Year 19 59
	S SEX 6. COLOR OR RAC			DATE OF BIRTH			NDER 1 YEAR IF	UNDER 24 HRS
	100. USUAL OCCUPATION (Give kind of war during most of working life, even if retire Housewife	k dane 10b KIND OF BUSI ed)	NESS OR INDUST		linois	11	U.S.A.	WHAT COUNTRY?
ľ	William W. 1	Senton			therine	Continue		
ĩ	S WAS DECEASED EVER IN U. S ARMED FO	ORCES? 16. SOCIAL SECUR	TY NO 17. IN	FORMANT	01101 7110	Address		
L	(Yes no ar unknown) (If yes, give wer or dates a	none	E	izabeth T. M	iller	Hagerst	town, Ma	ryland
	18. CAUSE OF DEATH Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE 1 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.	o febrilla	sclero tron+m	tic Heart,	disense,	irth	2y	AND DEATH
	PART II OTHER SIGNIFICANT CO							PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH	206, DESCRIBE HOW IN	JURY OCCURRED	(Enter nature of injury in Pr	ortior Portillate	tem IB)		ŕ
	20c TIME OF INJURY Manth, Day, 1 Hour a.m. p. m. 19	While Not while		E OF INJURY (Hame, form, iry, street, office bldg., etc.)	20f (City or low	m)	{County}	(State)
	21. I certify that I attended the alive an 10 Mer	M, fram the	causes and	on the date	the deceased			
	SIGNATURE ASSIGNATURE SIGNATURE SIGN	12 BU	м	· 23MVI	Ama	CST		2 Mar 5 4
7	20 BURIAL, CREMAT ON, 22b. DATE THERE		of CEMETERY OR		ZZd LOCATION (C		unty)	(State)
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			BY REGISTRAR	24b REGISTRAR		
	Suter-Rouzer Funera	l Home Hage:	rstown.		1 6 '50		0 4	

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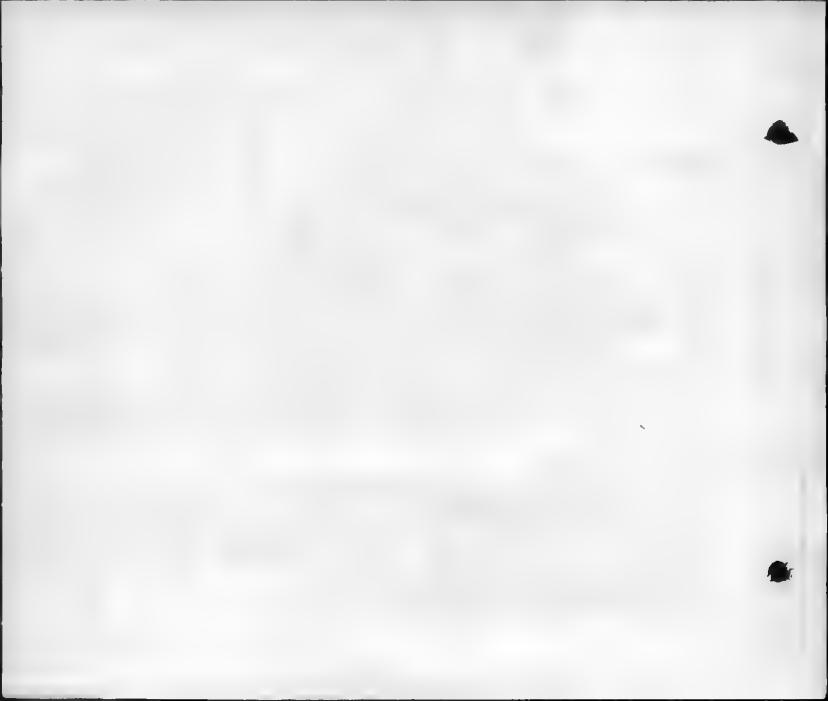


ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

ofter death. Page 4

moy be reto	TO FUNERAL	page 3 shor	The registrar
VS /	A15	(4) 55)

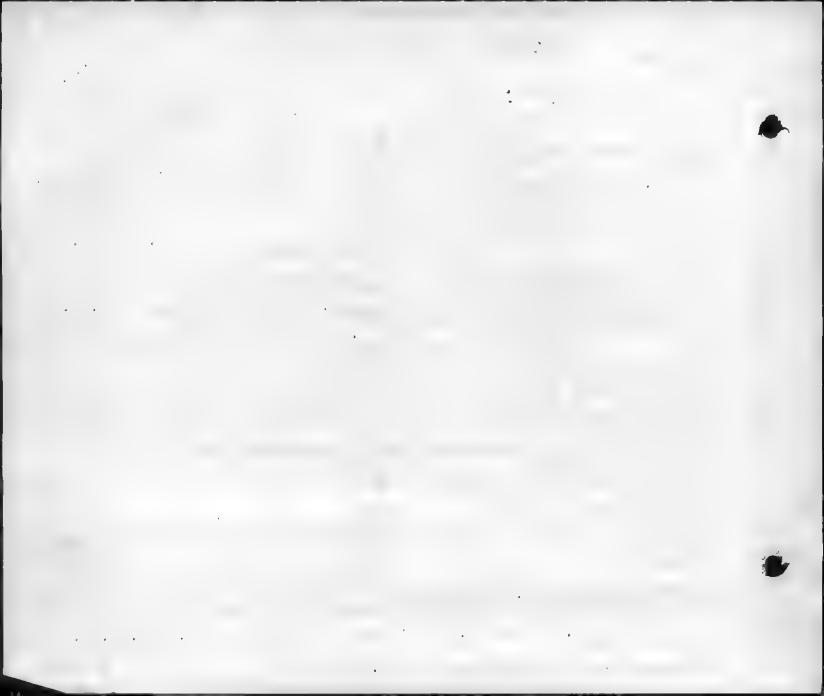
0000	Reg. Dist. No.
1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o STATE b. COUNTY
VASHING TON MARYLAND	MARULAND FIREDERICK .
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	
HACERSTOWN FIVE MONTHS	RURAL 10X
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
WESTERN MARYLAND STATE HOSPITAL	- MUITRSVILLE MID. KOUTE 2 YES DINO []
3. NAME OF DECEASED (Type or print) EVA TRENE	Heats 4. DATE Month Doy Year OF DEATH MADCHL 6 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Heyes Min
TEMALE WITH WIDOWED DIVORCED	JULY-15.1906 52 yrs. Months Doys Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	OUSTRY 11. BRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUSE WIFE LOWN HOME	MYERSVILLE FIRED, CO. MID. U.S./A.
MINE O.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes. no. or unknown) (If yes, give wor or dates of service)	OHN F. MORTS MYERSYILLE FRED. CO. IVID. R.
18. CAUSE OF DEATH [Enter only one couse peopline for (a), (b), and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	MHOLUS TELL LOWER LOBE /ELT/UND SETTING PEATH
1533 DUE TO D	Significant Circumstance Circum
Conditions, if only, which) INFEURRENT	CARCINEMATOSIS - SIGHEID 9 YEARS
gove rise to immediate DUE TO	
lying couse lost.	, , , , , , , , , , , , , , , , , , ,
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	YES 🔀 NO 🗀
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Port I or Part II of ilem 18)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)
Hour a. m. White Not while	foctory, street, office bidg., etc.)
21. I certify that I attended the deceased from 10710	, 1938, 10 MAD ch 6, 1957, that I lost saw the decease
	th occurred at 3:30 A.M. from the causes and an the date stated above
4 12 1	DATE SIGNE
SIGNATURE GWONNITE L. Londysta	MO. 1502 18 MW SYLVOUIA AVE
PHYSICIAN'S EUAZUSTE R. LALLIZABLE	- Hageurtown, U.S.
270 BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d LOCATION (City, lown, or county) (Stote)
BURIAL IMARCH, 9,1959 E. U. B. C	EMETERY NIVERSUILLE FRED, CO.M.D.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
The W. Dast Doons BORD	IND DATEMAR 1 1 '59 arthur S. Krous



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

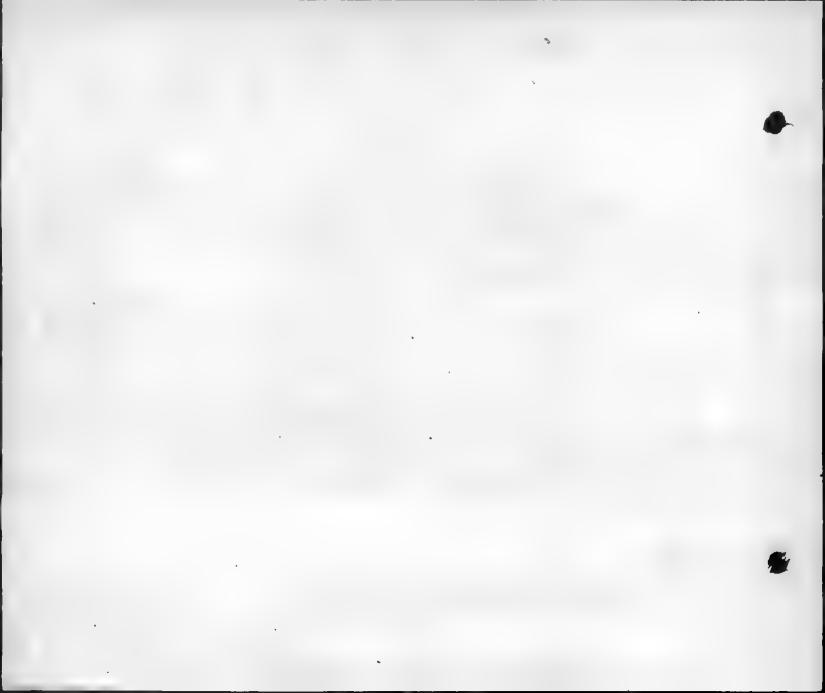
		36	631	CERTII	FIC/	ATE OF DE	ATH	1		Reg. Dist.		1363
1.	PLACE OF DEATH d. COUNTY	TSHING TO W	,	MARYL	AND	2. USUAL RESIDER	4 4 .	AND	ed If instituti b. COUNTY	on Residence	dom	mission)
A	RURAL ond give	(If outside corporate line nearest town)	K9TOWN	c. LENGTH OF STAY I		c. CITY OR TO Rure	al	otside corporate Sm1ths				
	NASHINE			HISPITAL	_	d STREET ADD		(e, 15 O! YES	RESIDENCE N A FARM?
3	NAME OF DECEASED (Type or print)	FLOR	First '	EDITH.		MURGAR	,	4. DATE OF DEATH	NAI	ect .	Doy	Year 19.59
L	SEX	6. COLOR OR RACI	WIDOWED		, <u> </u>	8. DATE OF BIRTH	, [8	90 8	AGE (In years last birthdoy)	IF UNDER 1 Months D	YEAR IF UI	NDER 24 HRS urs Min.
L	HOUSEWIF	TION (Give kind of working life, even if retire	k done 10b. K rd)	Own home		FRED I	E (Stole o	or foreign count			S, A	AAT COUNTRY
13	FATHER'S NAME	Villiam Br	rand er	מיז נולו			AIDEN N.	AME Pryor				
15. (Ye		VER IN U. S. ARMED FO	ORCES? 16. S			NFORMANT			Add nithsb		Md.R	t.#1
7	Conditions, if gove rise to couse (o), statin lying couse los	immediate DUE T	(c) _ 5 f	V upper		lake p		noncry	Theh	rculai	ONSET A	BETWEEN NO DEATH,
CERTIFICATION	arte	OTHER SIGNIFICANT CO MAS JUNDERLYING D NG D CAUSE OF DEATH FY MEDICAL EXAMPLER	tie	PARTE HOW INJURY OC	L	ill all				'EN IN PART I	PE	AS AUTOPSY REORMED?
- DICAL	20c. TIME OF INJ Hour o. f p. ir	1, 10	ear 20d. IN. While at work	Not while	20e. PL/ fee	ACE OF INJURY (Hordory, street, office b	me, farm, ldg., etc.)	20f. (City or	town)	(Co	unly)	(Stole)
	21. I certify alive on M ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	John John	12.5 Ato			0, 19_59, occurred at 7	27/	Mon Ch M, from 11 ADDRESS (Street S. Pa	ne causes o	ind on the	st saw the date st	ne decease ated above DATE SIGNE
L	REMOVAL (Speci	Mar. 23	1959	St. Mark		r crematory Lutherar		22d LOCATION				Stote)
23.	FUNERAL DIRECTO	OR'S SIGNATURE	Sittle	ADDRESS	Md	24	la REC'D	BY REGISTRAN	24b. RÉGIS	otrar's sign	IATURE	



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 unerol director, may be retained by the hospital ar attending physician. O FUNERAL DI COR: After this certificate has been signed by the attending physician and campetely fulled in by poge 3 should co detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registror prior to burial, crematian, or remayal, and in any event within 72 haurs after death. TO FUNERAL DI Poge 3 should of TO HOSPITAL OR V5 A15 (4) 15M 10/57

	MARYLAND STATE	E DEPARTM	ENT OF HEALTH	-BALTIMORE,	18	
	3632	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No	13635
1.	PLACE OF DEATH o. COUNTY LANGUAGE LANGUAGE	MARYLAND	2 USUAL RESIDENCE (What is STATE	ere deceased lived If institution b. COUNT		ore admission)
	RURAL and give nearest town)	H OF STAY IN 16	d. STREET ADDRESS	ulside corporate limits, write	RURAL and give no	e IS RESIDENCE ON A FARM?
3.	NAME OF First	Middle	lost	OF	19	YES NO P
	SEX 6. COLOR OR RACE 7 MARRIED NE	DIVORCED	B DATE OF BIRTH	DEATH NG 9 AGE (In years lost birthday) 7 yrs	Months Days	Hours Mn
	SUSUAL OCCUPATION (Give kind of work done 10b. KIND OF I during most of working life, even if relied) FATHER'S NAME	BUSINESS OR INDUS	114 MOTHER'S MAIDEN N	Mr. Frid.	12. CITIZEN	of what country
1S.	18. CAUSE OF DEATH [Enter only one cause per line for (a),	(b), and (c).]	MPC FI MER	MKEDS WITS		TERVAL BETWEEN
	Conditions, if any, which gave rise to immediate cause (a), stating the under-	ary eder	nana bila na and con	gestion'		iday iday i monsus
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT CONTRIBUTION 200 ACCIDENT WAS UNDERLYING 1 200 DESCRIBE HOV OR CONTRIBUTING CAUSE OF DEATH	ing to death but	NOT RELATED TO THE TERMI	ral disease condition of		
MEDICAL C		while fac	ACE OF INJURY (Home, form, tory, street, affice bldg., etc.		(County	
	21. I certify that I oftended the deceased from alive on March 23, 1939, ACTUAL SIGNATURE WILLIAM & Run	ond that death	occurred of 8110.1	M, from the causes	ond on the do	aw the deceaser of the stated above DATE SIGNED Mayrch Vy
	PHYSICIAN'S VICTOR L. Ram			tour, mar		
22	BURIAL, CREMATION, REMOVAL (Specify)	ME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, fawn,	or county)	(State)

220. BURIAL CREMATION, PROPERTY OF CREMETERY OF CREMATORY PROPERTY PROPERTY PROPERTY PROPERTY OF CREMATORY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPER



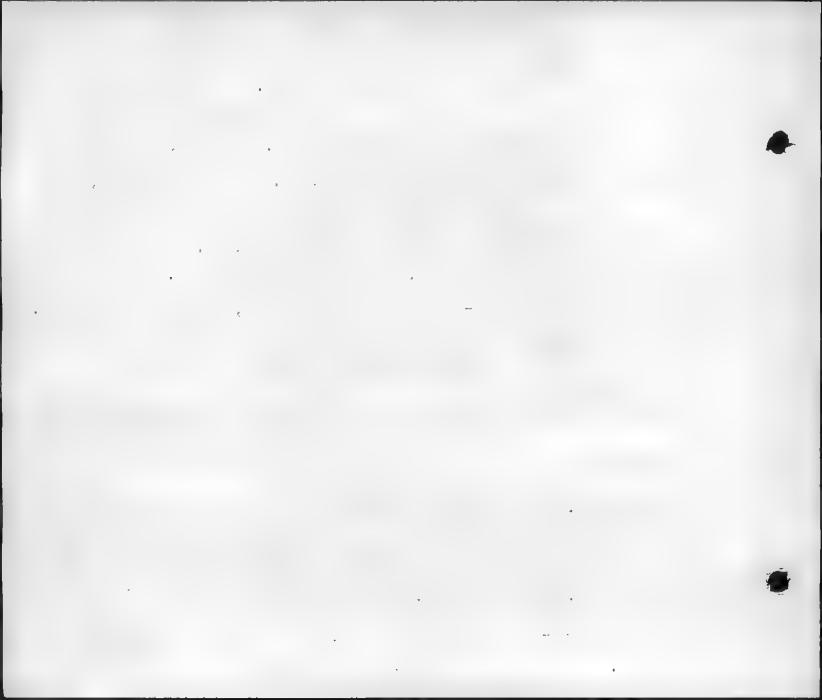
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

					Keg, Dist. No.	
1. PLACE OF DEATH	3670 Washington		2 USUAL RESIDENCE (W	here deceased fived. If ir	UNTY	re odmission)
CITY OF TOWAL		MARYLAND	M	d	Vasn.	-
and give nearest town	of outside corporate innis write BUFAL	c. LENGTH OF STAY IN 15	11	outside corporate limits, v	vrite KURAL and give ne	biest lown)
rural	Smithsburg	13 years		nsburg		_
d. NAME OF HOSPIT	TAL OR INSTITUTION (f not in hor	spital, give street address)	d STREET ADDRESS			ON A FARAL
			24 W	. Water St	•	YESNO _
NAME OF DECEASED	First	Middle	Lost	4 DATE A	fonth Day	Yeor
(Type or print)	John	Arnold	Myers, Jr.	DEATH	March 30.	19 59
S. SEX	6 COLOR OR RACE 7- MARRI	ED NEVER MARRIED 8		9 AGE (in year		- T .
male	white WIDOWE	D DIVORCED 1	fay 12, 194	5 13	yrs Months Days	Hours Min.
Do. USUAL OCCUPATI	ON (Give kind of work done 10b)	KIND OF BUSINESS OR INDUST	RY 11 B RTHPLACE (Stote		· hayer de me - mb	WHAT COUNTRY
during most of works	ng life, even if retired)		Hagerst	own Md.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
3	John Arnold My	rers. Sr.		Grace I	. Reynold	s
15. WAS DECEASED EX	FR IN U. S. ARMED FORCES? 16.		NFORMANT		Ires	
(Yes, no, er uninewa)	[If yes, give was or dates of service]	–	Arnold My		Smithsbur	g. Lid.
IN CALIFE OF DEA	ATH [Enter only and couse per line		11111010	orp, pre,	. ~ ~	AL BETWEEN
	TH WAS CALKED BY.				ONSET	AND DEATH
102.7	IMMEDIATE CAUSE (a)	pen fracture s				
700.,	DUE TO }	fultiple fractu	res of extrem	nities		
Conditions, if a		Hemorrhage a	nd shock			
(a), stoting the						
cause lost.) (c)				-	at Ministra
PART II. OT	HER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMI	NALD SEASE CONDITION	` '	PERFORMED?
200, EXTERNAL CA	USE WAS 206 DESCRIB	E HOW INJURY OCCURRED. [E	nter nature of injury in Part	I or Port II of Hem 18]		
CAUSE OF DEATH.	101 KIRE11104 F F F F F F F F F F F F F F F F F F F	balance and fe			one Quarry	
	JRY Month, Day, Year 20d.	INJURY OCCURRED 200 PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County)	(State)
70c. TIME OF INJU Hour XXX 5 115 p.m.	V 70 1850 NW		ory, street, office bldg., etc.) tone warry	Rural -Ce	water Mar	. t. 3/(a
	hall took charge of the					
	resulted from: Notural			omicide [], Und		ond in my
0	Robert In	200-				DATE SIGNED
SIGNATURE	oters ou	eerd	_M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED
BM 5 4445 Indus	77 77 1 1 To	3.3 3/ D	ASSISTANT MEDICA	L EXAMINER	3-31-59	
EXAMINER'S NAME (Type)	S. Robert We	118, M.D.	DEPUTY MEDICAL E	XAMINER [X]		
	ON, 276 DATE THEREOF	22c NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, to	wn, ar county)	(Stote)
burial	4-2-59	Smithsburg	Cemeterv	Smithsbur	. by a	
23 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		BY REGISTRAR 245 R	EGISTRAR'S SIGNATURE	
Scott F	. Minnich & Sc	on, Smithsbur	rg, Md DATE AP	R 6 '59	Orthur S. Hour	4

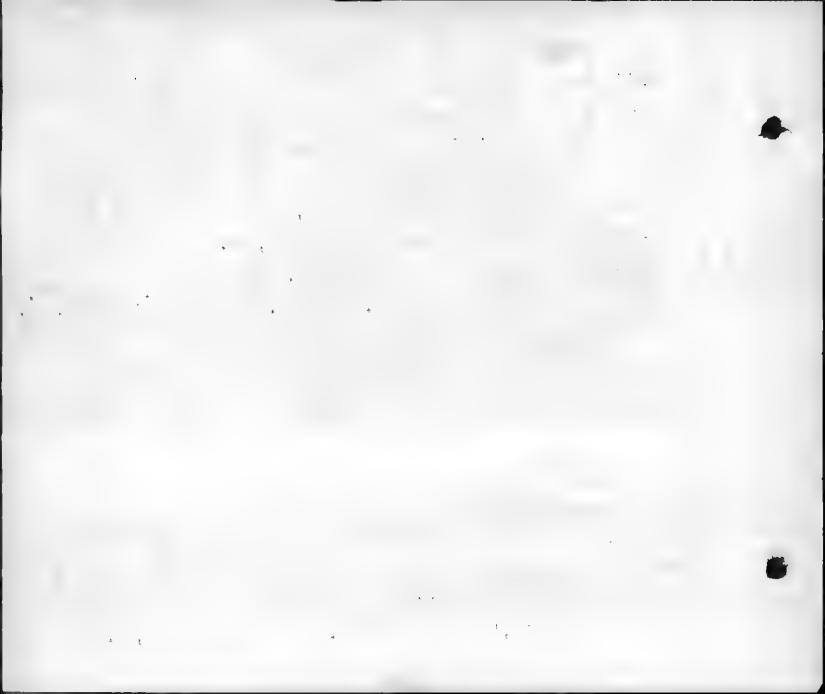


ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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CERTIFICATE OF DEATH

N

	3633	CERTIFICA	ATE OF DEA	III	Reg. Dist. #	No.
1. PLACE OF DEATH COUNTY	ngton	MARYLAND	2 USUAL RESIDENCE (Where deceased lived If b C	institut on Residence b	efore odmission)
B CITY OR TOWN (I SURAL ond give re Hagerst	l outside corporate limits, w	c. LENGTH OF STAY IN 16	X Willian	n outside corpordie innits,	write RURAL and give	nearest town)
Washington	n County H	ospital	d. STREET ADDRESS			e IS RESIDENCE ON A FARM? YES NO X
3 NAME OF DECEASED (Type or print)	Doroth	4	Pearman	4. DATE OF DEATH ME	Month arch 1	Doy Yeor 4 19 50
5. SEX Femalu	Tallia di da a	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH March 5.	1918 9 AGE (II	hdoy) Yrs. IF UNDER 1 YE Months Day O	AR IF UNDER 24 HRS.
Housew.	ON (Give kind of work done in a life, even if retired)	106. KIND OF BUSINESS OR INDU At Home	Funksto		12. CITIZEN	OF WHAT COUNTRY
Charles	Edward Dui	fey	Lily N.			
Yes, no or No	R IN U. S. ARMED FORCES? If yes, give wor or dates of service)		r. Edward	J. Pearmar	7theS. Ver	rmont St.
FART I. DEA' 592 × Conditions, if or gove rise to in couse (o), stoting I lying couse lost.	IH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO TY, which n mediate he under- (c)	CARDIOVASCULAR RE	ONEPHRITIS		0	NTERYAL BETWEEN NSET AND DEATH TWO WEEL UNKNOWN
200. ACCIDENT WA		NONE DESCRIBE HOW INJURY OCCURRENT				PERFORMED? YES NO
20c. TIME OF INJURY Hour o. m.	Month, Day, Year 2	Od. INJURY OCCURRED 20e PL/ /hile Not while for work of work	ACE OF INJURY (Home, foctory, street, office bldg.,	orm, 20f. (City or town)	(Count	y) (State)
21. I certify the alive on MARC		bey Co Fue		A.M., from the co	uses and an the a	
TORRIC (1980)	ARCHIE ROBERT		CLEAR SP	RING MARYLA	ND MAR	CH 14, 1959
RBWH 1817	March 16	59 Greenlawn	. 4	22d LOCATION (City.	,	(Stote)
FUNERAL DIRECTOR'S	SIGNATURE IN	illsemsont?	240. RE	C'D BY REGISTRAR 241	arthur & H.	



should be filed with

death Page 4

rate by filled in by

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be reta by the haspital or attending physician.

TO FUNERAL CONTOR: After this certificate has been signed by the ottending physicion and cam page 3 should be detached for use as the burial-transit permit. Then please remove carban page the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after deat

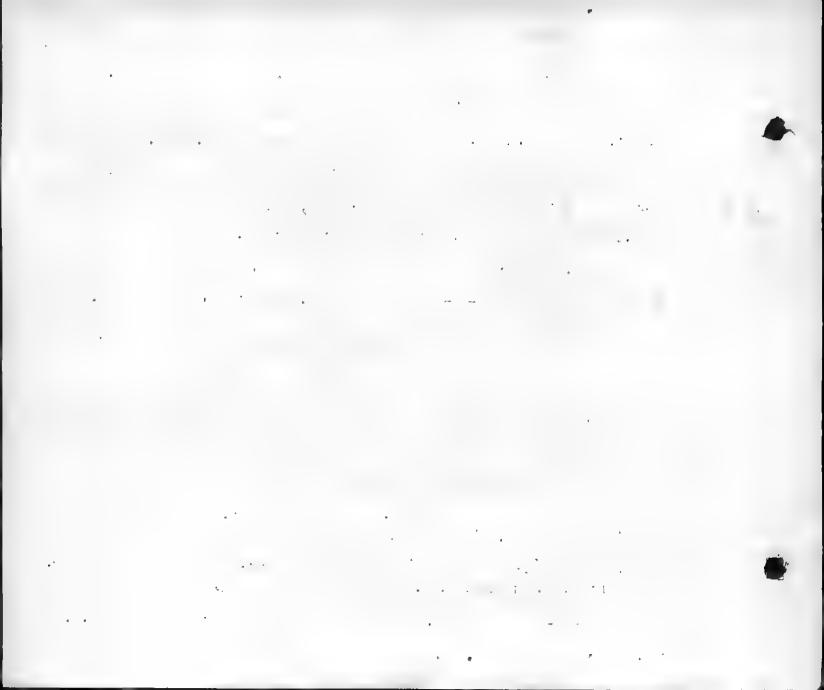
TO HOSPITAL OR

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3634

CERTIFICATE OF DEATH

2001	Reg. Dist. No.							
1. PLACE OF DEATH G. COUNTY MARYLA	2 USUAL RESIDENCE (Where deceosed lived If institution, Residence before admission) a. STATE b. COUNTY Lie ale							
Wasittigcon	Masile Masile							
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Hagerstown 36 yrs	2 Hagerstown							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR NSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
1046 Carroll Hgts. Blvd.	1046 Carroll Hgts. Blvd.							
3 NAME OF First Middle DECEASED (Type or print) Kathryn B	Pearson 4. DATE Month Day Year OFATH 3 11 19 59							
5 SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
female , white WIDOWED DIVORCED [last birthdoy) Months Days Hours Min							
10c USUA. OCCUPATION (Give kind of work done during most of working life, even if retired)								
school teanher Public school	Ls Weverton, Md. USA							
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
Abner B. Binkham	Annie L. Robosson							
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no., or unknown) (Iff yes, give war or dates of service)	INFORMANT Address							
no 219-36-4084	Robert E. Pearson Hagerstown, Md.							
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Call note	nemora of Nelum 3-4 mos							
	clastons to liver							
	Conditions if any which \							
gove rise to immediate								
couse (a), stating the under-								
lying couse lost.) (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING O	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO X							
200 ACCIDENT WAS UNDERLYING A 201 DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 18.)							
= 1	le. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) foctory, street, office bldg., etc.)							
Hour a.m. P. m. While Not while of work at work	(49,5), 41,40, 41,40							
	. 19.58, ta. 11 MAR., 19.59that I last saw the deceased							
alive an 8-11 MARCH 19 59 , and that de	eath accurred at 1:30AM fram the causes and an the date stated above							
00011	ADDRESS (Street, city or town, state) DATE SIGNED							
ACTUAL SIGNATURE	MD 1135 POTOMAC AVENUE 11 MAR. 59							
PHYSICIAN'S NAME (Type) RECHARD T. BENFORD, M. D.	HAGERSTOWN, MARYLAND							
220 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETE	RY OR CREMATORY 22d LOCATION (City, town, or county) (State)							
	vans Cemetery Reading Pa.							
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE							
Fred W. Kraiss Hagerstown, Md.	DAMAR 1 3 '59 arthur & the							



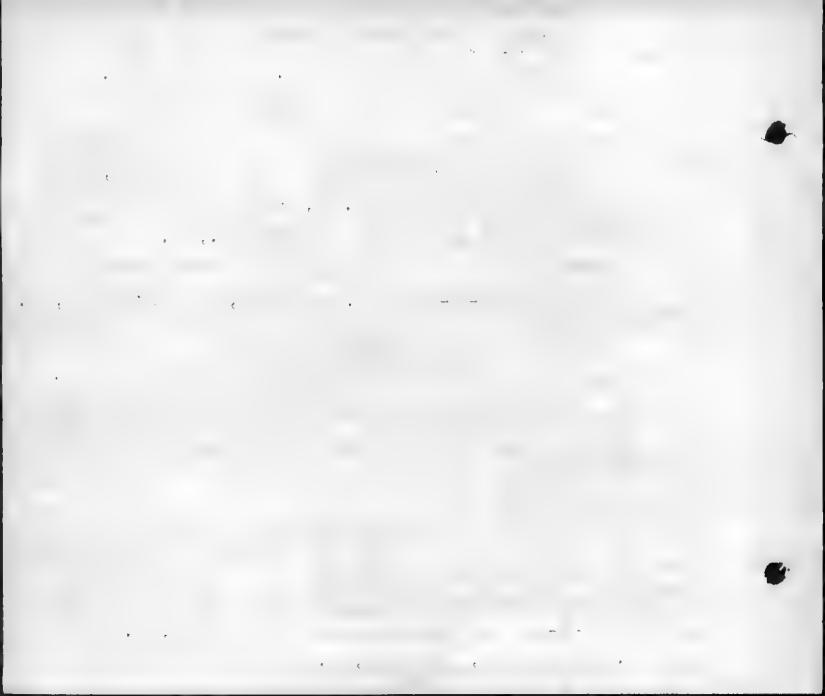
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2020

	3033	CERTITION	TIE OI DEATI	<u> </u>	Reg. Dist.	No.
1. PLACE OF DEATH 6. COUNTY	Washington	MARYLAND	2 USUAL RESIDENCE (WIT OF STATE Md.			
b. CITY OR TOWN (IF RURAL and give ned Hagers		17 days		outside corporate limits, w	rite RURAL and give	nearest town]
d. NAME OF HOSPITA OR INSTITUTION Washingto	it (If not in hospital, give street on County Hos	address) Spital	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Lelia	_	etteplace	4. DATE OF DEATH	March 7	Day Year 1959
female	6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED [9 AGE (In) loss births		EAR IF UNDER 24 HRS ys Hours Min.
10m. USUAL OCCUPATION during most of works SEAMSTR	N (G ve kind of work done 10b. ng life, even if retired)	KIND OF BUSINESS OR INDU		or foreign country)	_	N OF WHAT COUNTRY
13. FATHER'S NAME	Melvin Wise		14. MOTHER'S MAIDEN N		ie Selsa	m
	IN U. S. ARMED FORCES? 16. 1995, give wor or dotes of service)		Mrs. Doris	Wise, Box	52, Cav	etown, Md
PART I. DEAT	H [Enter only one couse per lin H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e for (o), (b), and (c).]	mhs d			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any gove rise to im couse (o), stoting the lying couse tost.	y, which (b)	meralized Ar	rtulionni ro	DSLJ		
PART H. OTHE	R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	V GIVEN IN PART 1(19. WAS AUTOPSY PERFORMED? YES NO
	UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	ort I or Port II of item 18	1	
20c. TIME OF INJURY Hour o. 11. p. m.	Month, Day, Year 20d. IN While at work	Not white for	ACE OF INJURY (Home, form tory, street, office bldg, etc.	20f. [City or lawn]	(Covi	nty) (State)
21. I certify the alive on	T attended the decease 7 12.	and that death	occurred at		es and on the	
220. BURIAL, CREMATION	Danler F	22c. NAME OF CEMETERY O		22d. LOCATION (City, to	own, or county)	(Stote)
burial burial	3-10-59	Smithsburg		Smithsbur		
23. FUNERAL DIRECTOR'S SCOTT F.	Minnich & Sc	ADDRESS			REGISTRAR'S SIGNA	1 .



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ACAMEDICAL EXAMINER'S CERTIFICATE OF DEATH

1)	3	6	4	3

FOR STATE HEALTH MET.

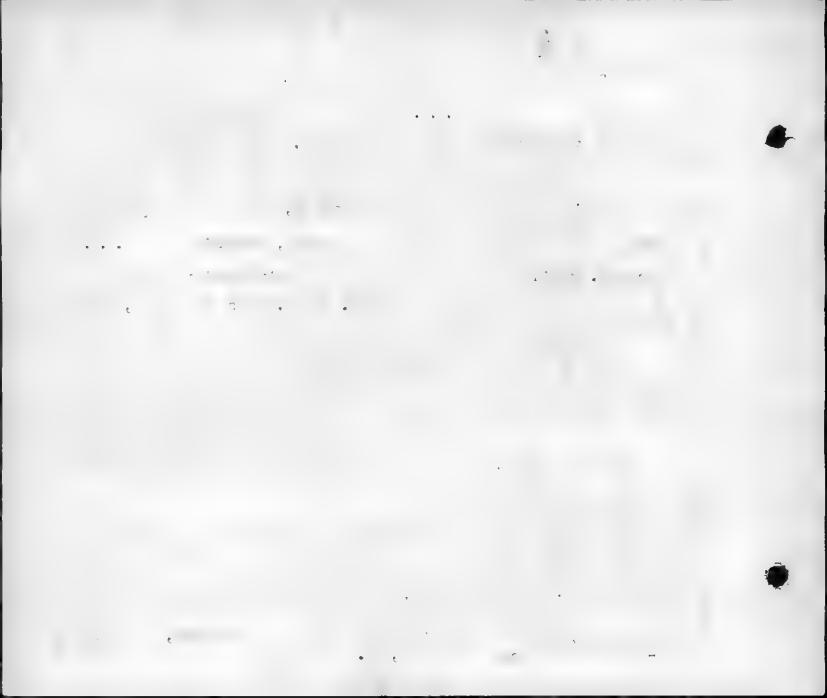
TO DEPUTY MEDICAL EXAMINER: This certificate should be exacuted within 24 hours after death. If any delay is necessary, please execute the fificate, writing the ward "pending" in pendi is item. 18. Give Pages 1, 2, and 3 to the funeral ectar. Page 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatively your files.

TO FUNERAL ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 7 with the State of Health, at its designated agent, prior to burial, cremation, at remaval, and in any event within 7 to 10 for death.

VS. A15ME 5M 2/57

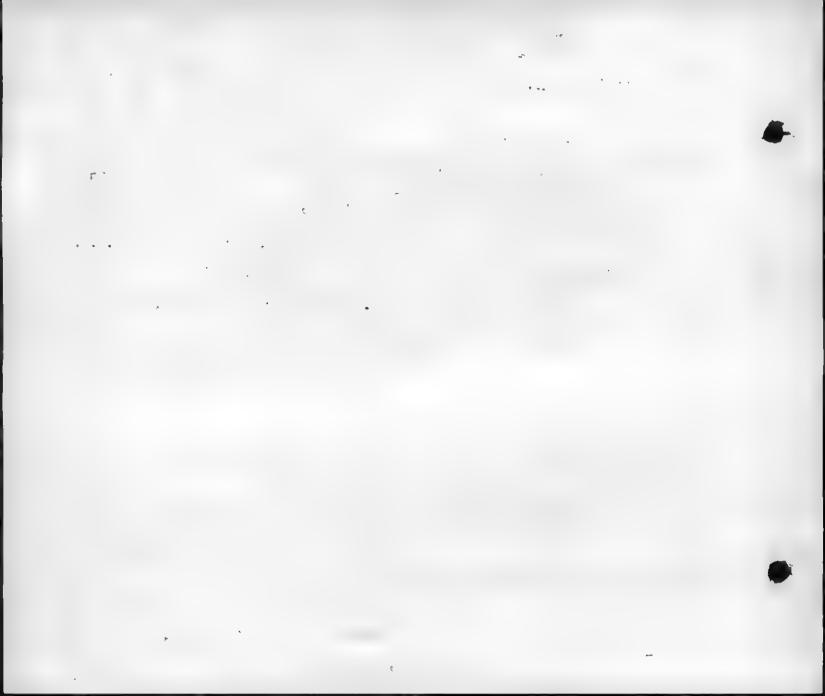
- W

_		3636				Reg.	Dist. No. 302	
1,	PLACE OF DEATH	shington	MARYLAND	O. STATE	NCE (Where deceased live	b COUNTY		
_	b. CITY OR TOWN (H	outside corporate fimith, write #U	C. LENGTH OF STAY IN 16		NN (If outside corporate	limits, write RURAL c	ind give nearest town) 🗸	
L	Hagersto	OWA .	D.O.A.		Hagerstown			
Г	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			d. STREET ADDS	RESS		e to RESE E E	
_	_Washingto	on County No:	spital	/ 818 S.	. Potemac St	reet	YES NO	
3.	NAME OF DECEASED	First	Mi ddla	Losi	4. DATE	Month	Day Yeor	
	(Type or print)	PATRICIA	KAY	PITTS	DEATH 1	farch	17 19 59	
5.	SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED		lost lost	h 45 d h	ER TYEAR IF UNDER 24 HRS	
	Temale		DOWED DIVORCED	January 2	2, 1959	yra. Morent	Doys Hours Min.	
10	 USUAL OCCUPATIOn during most of working 	N (Give kind of work done life, even if retired)	106. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE	(State or fareign country)	12. C	ITIZEN OF WHAT COUNTRY	
	None			Milwaul	ke, Wisconsi	n	U.S.A.	
13	. FATHER'S NAME			14 MOTHER'S MAI	DEN NAME			
	Frank	J. Gambino			Lois Lorrai	ine Pitts		
15		R IN U. S. ARMED FORCE (If yes, give wor in doles of servi	E0)	NFORMANT		Address		
L	no		none	liss. Lois	L. Pitts F	lagerstown	Maryland	
			per line far (a), (b), and (c)				INTERVAL BETWEEN ONSET AND DEATH	
		H WAS CAUSED BY: MMEDIATE CAUSE (6)	Acute virus pn	eumonitia				
	492 X DUE TO Aspiration of vomitus							
	Conditions, if any, which (b)							
		gave rise to immediate couse (a), stoling the underlying DUETO						
	couse lost.	(c)				william manadisms		
CERTIFICATION			ONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE	TERMINAL DISEASE CON	DITION GIVEN IN PA	ART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO	
CERTIF	PRIMARY or CON CAUSE OF DEATH.	SE WAS TRIBUTING [206 C	DESCRIBE HOW INJURY OCCURRED (E	Enter nature of injury	in Part I or Part It of Herr	18]		
MEDICAL	20c. TIME OF INJUR Hour o. m.	10	20d, INJURY OCCURRED 20e, PLA While Nat while at work at work	CE OF INJURY (Home ory, street, office bldg	e. farm. 20f. (City or tav 3., efc.)	/n) (C	(State)	
3	p. m.	HOHA	the remains described oba		tones W Jesses	:[F]	. []	
		resulted from: Not], Homicide [].	tion 🔀, Inqu Undetermined				
	ACTUAL SIGNATURE	8, Robert	+ helds	_M.D CHIEF MEDIC	CAL EXAMINER		DATE SIGNED	
EXAMINER'S S. Robert Welle, M.D. ASSISTANT MEDICAL EXAMINER TO DEPUTY MEDICAL EXAMINER TO							3-18-59	
27	O. BURIAL, CREMAT OF	N. DATE THEREOF	27c NAME OF CEMETERY OR	CREMATORY	228 LOCATION (City, lown, or county	(State)	
	Burial	1 3/19/195	Rose Hill Cen		Hagers		Maryland _	
23	Suter-Rouze	er Funeral H		id.	REC'D BY REGISTRAR	246. REGISTRAR'S S	10	



thot the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



HEALTH DEPT.

recessary, please your files 3 DEPUTY MITHCAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is secule the certificate, writing the word "pending" in pendit is them 18. Give Pages 1, 2, and 3 to the funeral should be conded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained FUNERAL. ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State are its designed agent, prior to borriot, cremation, or removal, and in any event within 72 hours after death.

execute the 4 should be 70 FUNERAL ö

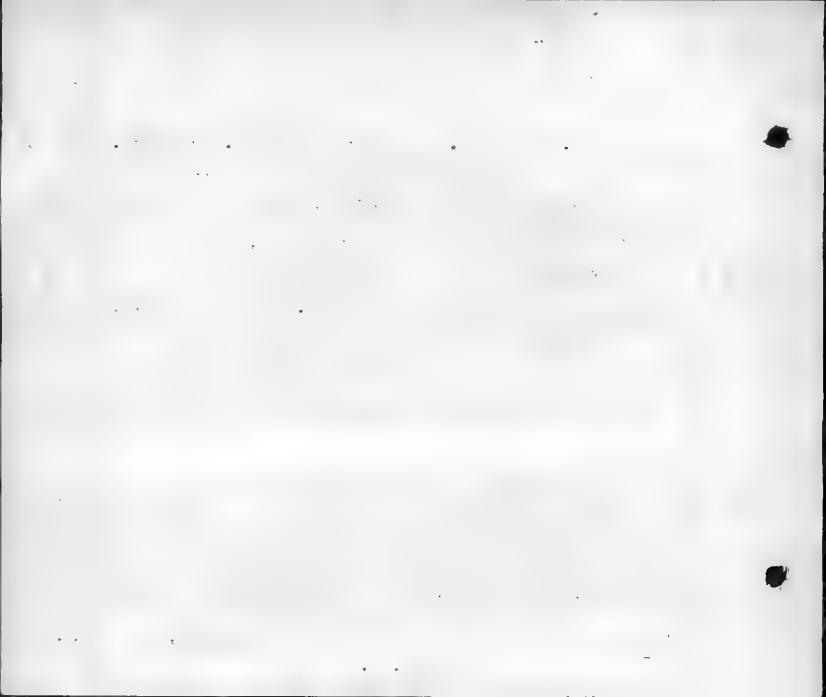
0 VS. A15ME 5M 2.57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3638 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

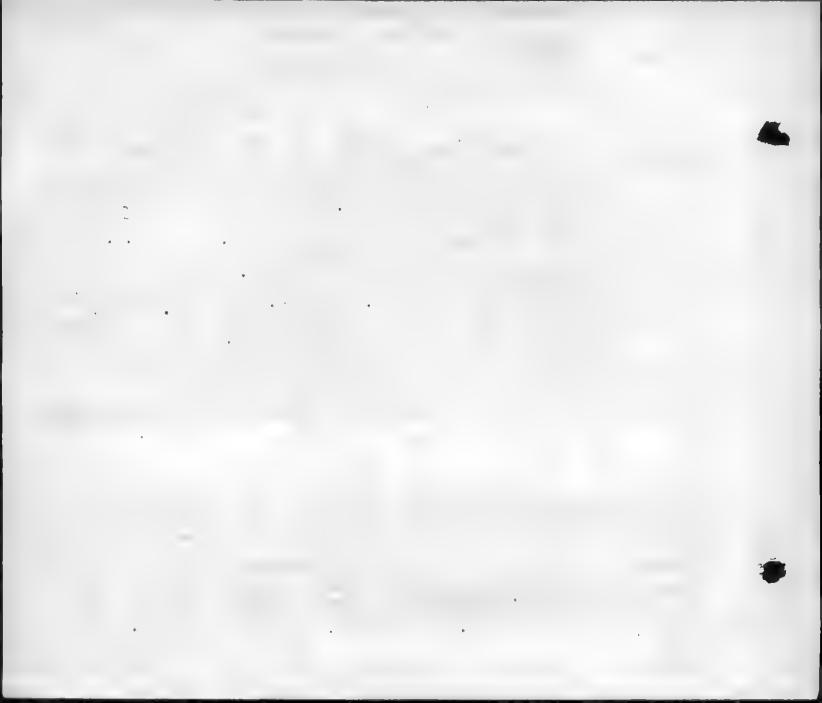
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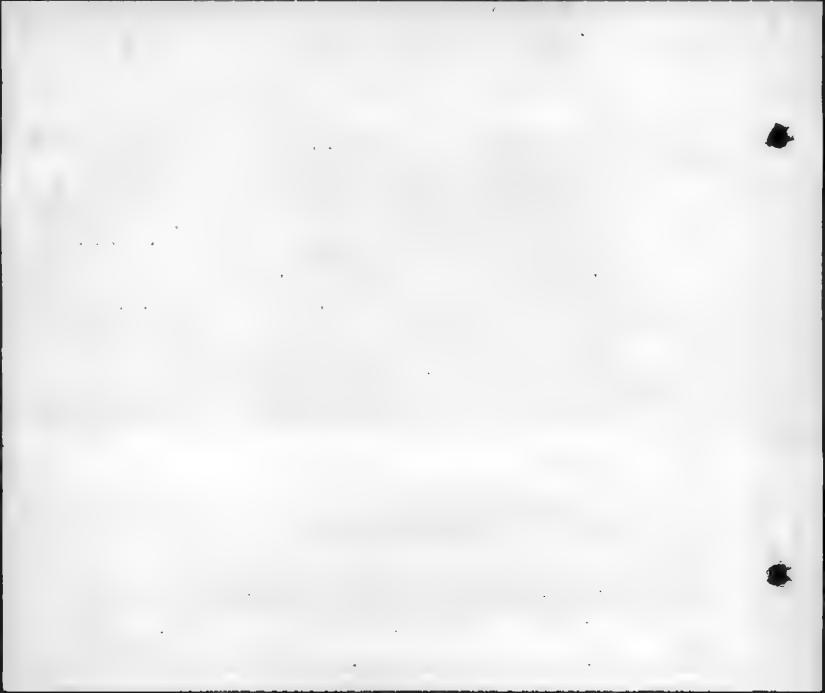
Reg. Dist. No. 302

1, PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived of institution: Residence before admission) a STATE Maryland b. COUNTY Washington						
" o. COUNTY Washington MARYLAND							
b. CITY OR TOWN (If outs de corporate limits, wir e BURA. C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Hagerstown 2 months	Hagerstown						
d NAME OF HOSPITAL OR INSTITUTION (If nal in hospital, give street address)	' d STREET ADDRESS 6. S RE'ICCT .E						
Long Meadow Apts. Northern Ave.	Long Meadow Apts. Northern Ave.						
3. NAME OF First Middle	Losi 4 DATE Month Doy Year						
	REECE DEATH March 24 19 59						
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED							
Female White WIDOWED DIVORCED	July 21, 1910 Get bribdey) Months Days Hours Min.						
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11 BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY						
Housewife	Oxted Surrey, England England						
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Charles Putnam	Annie ? James						
	INFORMANT Address						
(16 no. er unknown) (If yes, give war or dates of service) none	Leonard W. Preece Hagerstown, Maryland						
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	Lordens a termina						
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
IMMEDIATE CAUSE (a) Rhoumatic Valvu	lar Heart disease						
4'4 X DUE TO Acute ventricul	ar fibrillation						
Conditions, if any, which (b)	The state of the s						
(a), stating the underlying DUE TO							
couse last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
3	YES NO 📆						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING O CAUSE OF DEATH. None	(Enler nature of injury in Part Lar Part III of item 18.)						
3 20c. TIME OF INJURY Month Day, Year 20d. NJURY OCCURRED 23e. Pt	ACE OF INJURY (Home, form, 120f. (City or town) (County) (State)						
A Hour a.m. None While Not while for	clory, street office bldg, etc.)						
5 bw 1/ mw/r 0 m w/r 1	None						
21. I certify that I taak charge of the remains described ab	ove, held an Autopsy 🔲, Inspection 🔣, Inquiry 🔲, and in my						
opin an death resulted fram. Natural causes 🕱, Accident	. Suicide . Hamicide . Undetermined manner						
0000011000							
SIGNATURE SI Policit Welly	M.D. CHIEF MEDICAL EXAMINER						
0 D.1 (W.31 - W.D.	ASSISTANT MEDICAL EXAMINER T						
EXAMINER'S S. Robert Wells, M.D.	DEPUTY MEDICAL EXAMINER TK						
220. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY O	DR CREMATORY 22d LOCATION (City, town, or county) (Stole)						
Cremation 3/30/1959 Cedar Hill							
Suter-Rouzer Funeral Home ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE						
	Ada DATE MAR 3 0 '59 Crima & Krous						



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



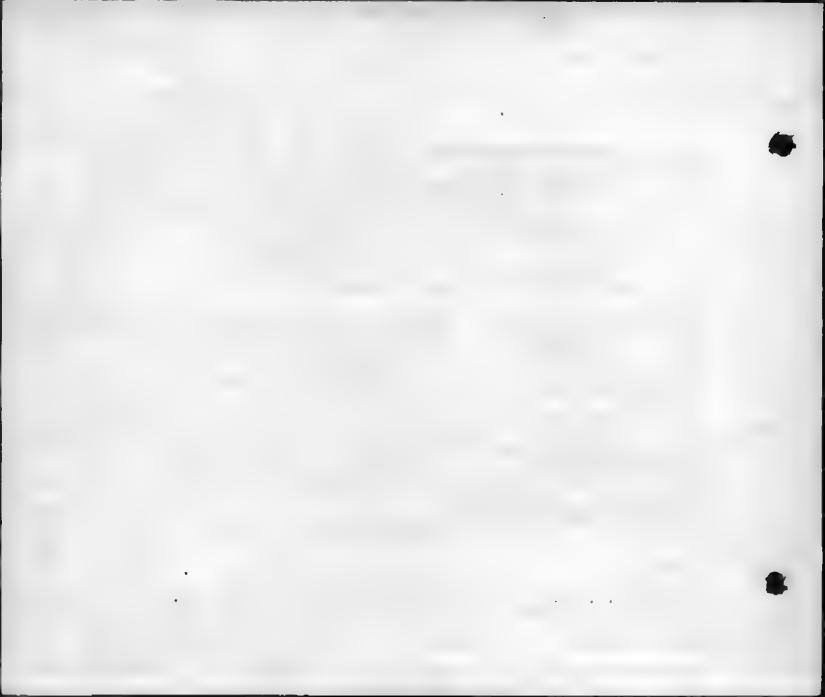


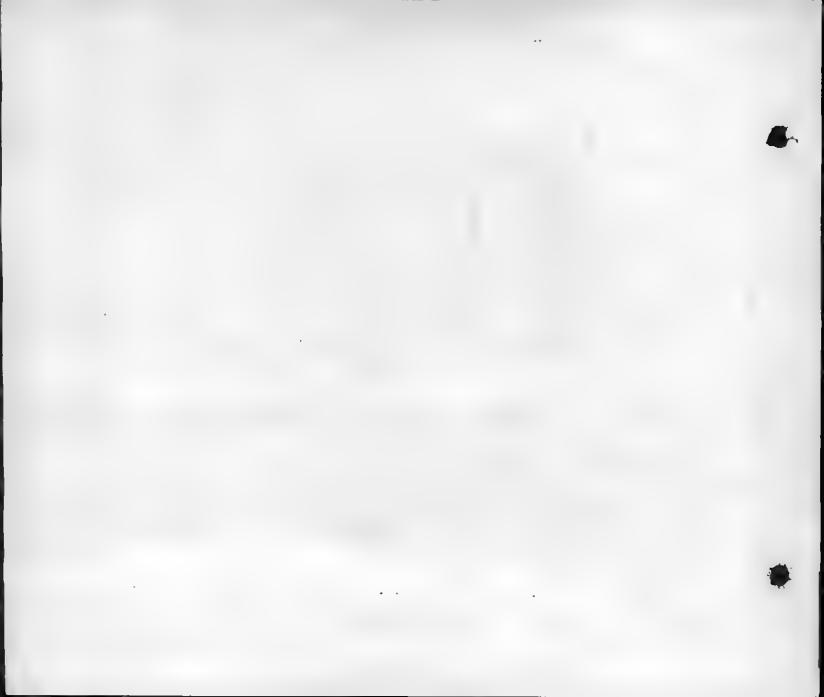
03648

Reg. Dist. No.

Hongock Rest Wa		MARYLAND	2 USUAL RESII o. STATE			b. COUNTY	n: Residence I	befare admissi	ion)	
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b			c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
RURAL and give nearest town) Hancock Maryland. 16 Months			11	R.F.D.#I Ridgely, ".Va.						
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION			d. STREET A	DDRESS				e. IS RESI	IDENCE EARLA?	
	Rest Hor	MA							NO	
3. NAME OF DECEASED	First	Middle	los	t	4. DATE	Month		Day 1	Year	
	ie Ralst	to n			OF DEATH	Mar	ch	29 1	1959	
		NEVER MARRIED	B. DATE OF BIRTI	н	9	AGE (In years		EAR IF UNDE		
fem , mite	WIDOWED 🔀	DIVORCED [. ug 9	74		last birthday)	Manths Da	ys Hours	Min	
100. USUAL OCCUPATION (Give kind of we during most of working life, even if reti	ork dane 10b. KIND (OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State of	or foreign cau	ntry)	12. CITIZE	N OF WHAT	COUNTRY	
				<u> </u>	sburg	L W Va		UBA		
13. FATHER'S NAME			14. MOTHER'S	MAIDEN N	AME					
John C. Hansrote	-			Lanre	ı Res	der				
(6. WAS DECEASED EVER IN U. S. ARMED I		L SECURITY NO. 17.	INFORMANT			Addre	ss			
1.0		No 3	<u>o ies f</u>	ron I	B H Pr	esnell.	R3101	t En	deri	
18. CAUSE OF DEATH [Enter only one		a), (b), and (c) }						INTERVAL PE	TWEEN	
PART 1. DEATH WAS CAUSED 8	PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Justinative of aboutage time 72 the								2.	
570.0 DUE	, ,			١ ,						
Conditions, if ony, which)	(b)	e t	,"							
gove rise to immediate DUE	gove rise to immediate DUE TO							* · · · · · · ·		
lying couse lost.	lying couse lost.									
PART II. OTHER SIGNIFICANT C	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY									
PART II. OTHER SIGNIFICANT C	Careline Defensed YES NO FE									
200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DO CAUSE OF DEA	20b. DESCRIBE H	IOW INJURY OCCURR	D. (Epige noture o	f injury in P	ort I or Part I	I of item 18.)				
OF EITHER, NOTIFY MEDICAL EXAMINE	(R)		U		0					
20c. TIME OF INJURY Month, Day,		f.,	ACE OF INJURY	Home, form,	20f. (City o	r town)	(Cou	nly]	(State)	
Hour o. n.	While N of work □ o	ICH WINDE	ctary, street, affici	e biog., etc.;	1					
21. I certify that I attended I	he deceased fro	m° 3/9	1/ 1959	la.	3/2	9/. 1959	that I las	+ court +ho	docomo	
alive an 3120	F - D 15		/	\$. med	111 6	Abo annon	inai i ias	data the	decease:	
dive di	apan Kandan	", and that deatl	i accorrea ac			the causes at set, city or town, si			ea abaye ATE SIGNEI	
ACTUAL &	· lole-		Trans		'	. ,				
SIGNATURE			M.D. Han	COCK.	March.	8.004				
PHYSICIAN'S H.E. Table	er		Ha	neocl	k Mary	yland.				
220. BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify)	REOF 22c.	NAME OF CEMETERY	OR CREMATORY		22d LOCATIO	ON (City, town, or	county)	(Stote	e)	
Burial 4-I-59	Dě	avis Memo	rial Ce	m.	Cumb	perland				
23. FUNERAL DIRECTOR'S SIGNATURE James F. Scarpe.	lli Cumba	opress erland, Md		24a. REC'C	BY REGISTR		RAR'S SIGNA			
ounce is bour pe.	Jag Comb		1	DATE A	PR 1 '5	9 an	Thur S. 7	Frank		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital at attending physician. TO FUNERAL D. FIOR: After this certificate has been signed by the attending physician and campletely filled in b. for funeral director, page 3 should as detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and bound be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3642

CERTIFICATE OF DEATH

03650

	3044		CERTII	FICATI	OF DI	EAIR			Reg. C	ist. No.		2 0 11
1. PLACE OF DEATH	ASHINGTOV		MARYL	11 4	USUAL RESIDE	ARYL.	AND	d lived. If instit b. COUN	utiani Residi TY W.F.S	nce befor	TON	ian)
b. CITY OR TOWN RURAL and give r	(If outside corporate limits nearest town) STOWN	i	30 YRS.	1		WN (IF OU SERS!		rate limits, write	RURAL and	give nec	irest fawr	1)
d NAME OF HOSPI	TAL (If not in hospital, girt TON COUNTY	HOSPI			d street add 312 S.		OAMOT	C ST.				IDENCE FARM? NO [3]
3. NAME OF DECEASED (Type or print)	HANNAH		Middle ARIE	R	HOADS		4. DATE OF DEATH	MAR	onth CH	18		Yeor 19 50
s. sex FEMALE	71244 2 400	WIDOWED [DIVORCED		10/2			9. AGE (In year last birthday 49 y	Months	R 1 YEAR Doys	Hours	Min.
JEWELER	ON (Give kind of work di rking life, even if refired)		AIL ST			E (Siote o		ountry)	12 C		5.A.	COUNTRY?
13. FATHER'S NAME GEOI	RGE F. BAK	ER		14	ANNI		RTER					
	ER IN U. S. ARMED FORC [II yes, give wor or dotes of ser	vice]	-16-22	17. INFOR		RLTOI	N RHO	DADS	PAGER	STO	N	
ZOO. ACCIDENT WOR CONTRIBUTING	immediale DUE TO (c). THER SIGNIFICANT COND THE 2 THE	itritis	7 .	C	222	-sen	f ,	lun	GIVEN IN PA	RT I(a) 1	9. WAS PERFO YES 2	RMED?
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Doy, Year 19	While N	OCCURRED :	20+ PLACE (factory,	OF INJURY (Ho street, office b	me, farm, ildg , etc.)	20f (Cily	ar lawn)		(County)	-	(Store)
olive on	RECHARD T. E	1937			curred ot	7-12-	M, fron	n the causes freet, city or low AVE. HA	ond on	the dat	le stote	ed above. ATE SIGNED
TATHOE!	0/ N-4/ C		ROSE H		MATORY CEM.			GERST		MI	(Stat	•)
23. FUNERAL DIRECTOR	AMERICAL TE	Legers!	ODRESS_	Me			8Y REGIST 2 3 '59		GISTRAR'S S			



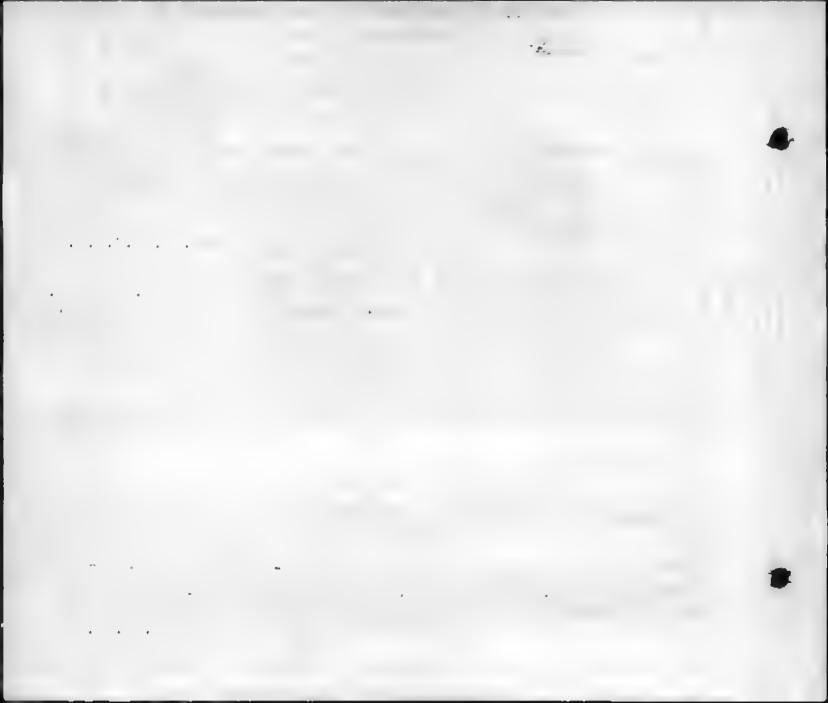
CERTIFICATE OF DEATH

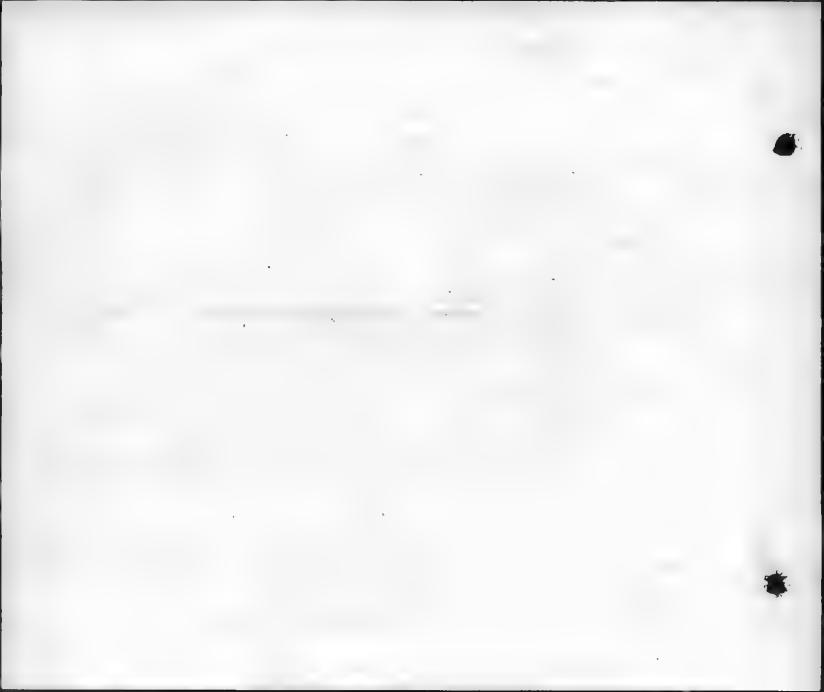
03651

	L.		3672	CERTIFIC	AIL OI DEAII	Reg. Dist. No.		
1	1.	LACE OF DEATH			2. USUAL RESIDENCE (Wh	ere deceased lived. If instituti	on: Residence befo	ore admission)
	ľ	. COUNTY	ASHINGTON	MARYLAND	o. STATE MARYLAND	b. COUNTY	ASHINGT	î.N
a Copy			f outside corporate I mils, write	c. LENGTH OF STAY IN 16		utside corporate limits, write R		
		FUNKST		12 YEARS	X FUNKSTOW	N		
			AL (If not in hospital, give street		d STREET ADDRESS			. IS RESIDENCE
0			AST MAPLE ST	REET	15 EAST	MAPLE STREET	Tr	YES NO
	3. 1	NAME OF	First	Middle	lost	4. DATE Mor		ву Уеог
		DECEASED (Type or print)	ELMER	SILAS	RIDENOUR	DEATH MARCH	10 1050	19
	5. 5	EX	The state of the s	RIED RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	<u> </u>	IF UNDER 24 HRS.
		36ATT			TOTAL DAY 6	1882 77 yrs.	Months Days	Hours Min.
	10a	MALE:	NHTTP WIDOW		IFEBRUARY 6	AND CONTRACTOR OF THE PARTY OF	12. CITIZEN	OF WHAT COUNTRY?
	١.	during most of work	ting life, even if refired)					
	-	FATHER'S NAME	OPERATOR OF	NOURAST COUR	T I BEAVER C		O.IMD.U.	S.A.
	13	TATTER 3 TANKE						
1	10	AND	REW RIDENOUR R IN U. S. ARMED FORCES? [16.	FOCIAL SECURITY NO. 17	JANE DOY			
			If yes, give wor as doles of sorvice}	SOCIAL SECURITY NO. 17.	INFORMANI		"E.MAP	
1		NO			S.ELIZABETH	RIDENOUR F	UNKSTOW	N MD.
			TH [Enter only one couse per li	ine for (0), (b), and (c).]			INI	ERVAL BETWEEN
			TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pahilland	Carcia.	Dence Cof		
		121.0	DUE TO			6		
		Conditions, if a		lelail	Cer			2-450.
		gove rise to it couse (a), stating	mmediate (0
		lying couse last.	(c)					
	ŏ	PART II OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOPSY
r	3	Felva	me a degen	notue ant	trutes of	puise_		PERFORMED?
	CERTIFICATION	200 ACCIDENT WA	S UNDERLYING [] 206. DES	CRIBE HOW INJURY OCCURR	ED (Enter nature of mjury in F	Port I or Port II of item 18)		
	E	(IF EITHER, NOTIFY	S UNDERLYING [] 206. DES CAUSE OF DEATH MEDICAL EXAMINER)					
	MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Year 20d	INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form	, 20f (City or lown)	(Caunty	(Stote)
	AEDI	Hour o.m.	19 While	\$1101 WILLIE }	octory, street, affice bldg , etc.	.}]		
	<				×= 20 67.	near 19 2016	7	.1 1
		1 1	at I attended the decear			mas 19, 1959		
		alive an	162-1-9 193	2_/ and that deal		M, fram the causes of ADDRESS (Street, city or town,		ite stated abave DATE SIGNED
		ACTUAL	0. 0 61	Vittora	217 W	. Washingtor		3-21-59
1		SIGNATURE	cavary a	011100	M D	· doning our	1 500	7-6-1-77
		PHYSICIAN'S EC	dward W. Ditt	to 111 M.D.	Hager	stown, Md.		
	220	BURIAL, CREMATIO	N. 276. DATE THEREOF	22c. NAME OF CEMETERY (OR CREMATORY	22d. LOCATION (City fown,	or caunty)	(Stote)
		FOR TAL'	MARCH 23 5	9 BOONSBORO	CEMETERY B	OONSBORO WA	SH.CO.M	D.
	23.	FUNERAL PIRECTOR	AZIGNATALE)	ADDRESS	240. REC'I	D BY REGISTRAR 246. REGI	STRAR'S SIGNATU	RE
/		Dally (1. Past	Downslaw	mar ?	2 6 '59 ash	or & House	

e funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL CIOR: After this certificate has been signed by the attending physician and completely filled in page 3 shaura — detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or remaval, and in any event within 72 bours after death. VS A1S (4) 15M 9/S5





VS A15 (4) 15M 10/57

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•	5 BR
5	3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3643

CERTIFICATE OF DEATH

03653 Reg. Dist. NS 02

									IVA BI IN	1211 1441	
1. PLACE OF DEATH o. COUNTY ashins	cton		MARYL	AND	2 USUAL RESID			ashing		nce before	e admission)
b CITY OR TOWN (I RURAL and give no Hagers	eorest town)	ts, write	t LENGTH OF STAY II	- 1	city or to උපි Hage			rate limits, write	RURAL and	give near	rest town)
d. NAME OF HOSPIT OR INSTITUTION 635 Geo	AL (If not in hospitol, g	ive street o	oddress)		635 G		ge St			•	IS RESIDENCE ON A FARM? YES NO.
3 NAME OF DECEASED (Type or print)	RUSSI		Middle JACK		RIFFEE		4. DATE OF DEATH	March	lonth L 29]	00, 1959	•
s sex Lale	6. COLOR OF RACE		ED NEVER MARRIES		B DATE OF BIRTH	.908		9 AGE (In year last birthdoy 50 y	Months If	Doys	Hours Min
Guard St	ON (Give kind of work king life, even if retired to Refo.)			INDUS	Foods	tock	c She	nandos			USA
13. FATHER'S NAME	1 Dicc.				14. MOTHER'S			last so			
15 WAS DECEASED EVE	rd Riffee	CES2 ITA	SOCIAL SECURITY NO	117 IN	FORMANT	у ч.	Lar		ddress		
NO NO or unknown)	(I) yes, give war or dates of s	2	14-05-7593	1	s Viole	t I.	Rif			orge	St
PART I DEA / G 2, / Conditions, if a gove rise to i couse (a), stoling lying couse lost.	the under-	fress	ander fr	lu	a levi	me	any))	alx	er hucs
CATIC		N= *1	ONTRIBUTING TO DEAT						GIVEN IN PAI	RT 1(o) 19	P WAS AUTOPSY PERFORMED? YES NO NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OC	CURRED	(tnier nature at	injury in P	art I or Pari	t II of item 18.)			
20c TIME OF INJUR Hour a.m. p.m.	Y Monih, Day, Yei	White	UURY OCCURRED 2 Not while of work	Oe. PLA	CE OF INJURY (H fory, street, office	ome, form, bldg., etc.	20f (City	or lown)		(County)	(Stole)
21. I certify the olive on		decease 19	and that a	deoth	occurred at_		M, fran		and an t		
PHYSICIAN'S NAME (Type)	lovara .	We ei	zs,iD.		Han	·4 +			1		**********
220 BURIAL, CREMAT C REMOVAL (Specify) Burial	4/1/59		zz. NAME OF CEMET Rest Have			,		ion (city, lewi stown	Mash	. Co	(Stote)
Andrew K.		Hag	erstown	d.		24a. REC'E	BY REGIST		GISTRAR'S SI		E



VS A15 (4) 15M 9/55

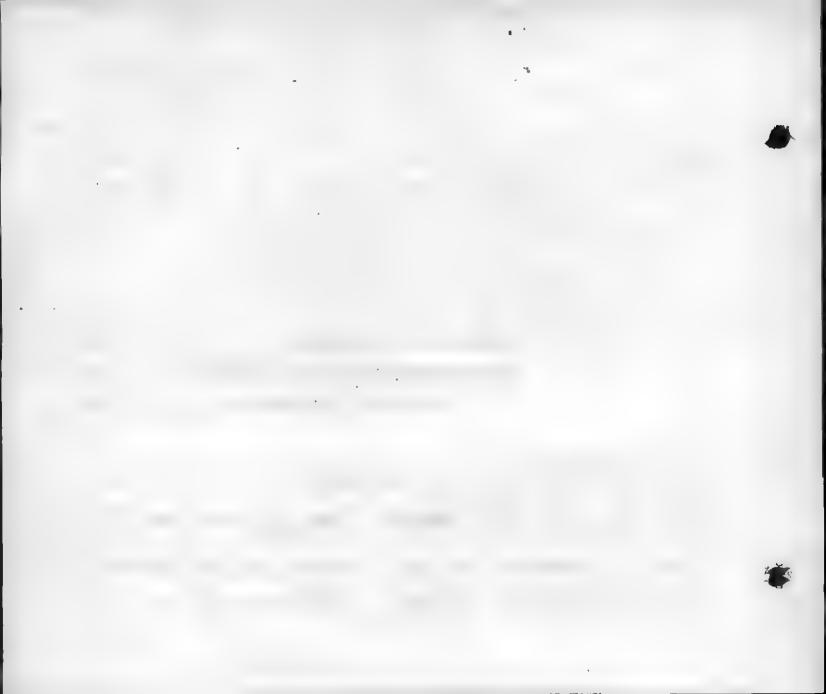
	_					
AN	RYLAND	STATE DEPARTMENT	OF HE	ALTH-	BALTIMORE,	11

3674 CERTIFICATE OF DEATH

- 1	n.	-2	63	ζ.	3	
. 1	,	U	U	1)	4	

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) "WASHINGTON MARYLAND L. COUNTY WASLINGTON MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
BOCNSBORO YEARS BOONSBORO d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENC OR INSTITUTION ON A FARM? JURTH YES NO D Maten Surremen MAIN STREE 4. DATE NAME OF Final Middle Last Day Year DECEASED (Type or print) ANNIE M. ROHRER MARCH 19 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS lost birthday) Months Doys Min. 83 PEMATE WIDOWED M DIVORCED | 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired HOUSE WIFE OWN HOME LOCUST GROVE WASH.CO.MD. U.S.A. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME GEORGE SHIFLER ELIZABETH HUFFER 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address NOMONE NONE MRS.ALBERT BOONSBORO MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN eneralized arterio schrosis ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). my ocardia disease Hodelil DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO F 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.) Haur o.m. While Not while of work of wark 21. I certify that I attended the deceased from Qua, 1957, to May 3, 1859, that I last saw the deceased and that death accurred at _____M, from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ANTIBUX SIGNATURE Elme R HARF PHYSICIAN'S NAME (Type) 220 SURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 195 BOONSBORO BOONSBORO WASH.CO.MD. CEMETERY 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR I That & Kraus





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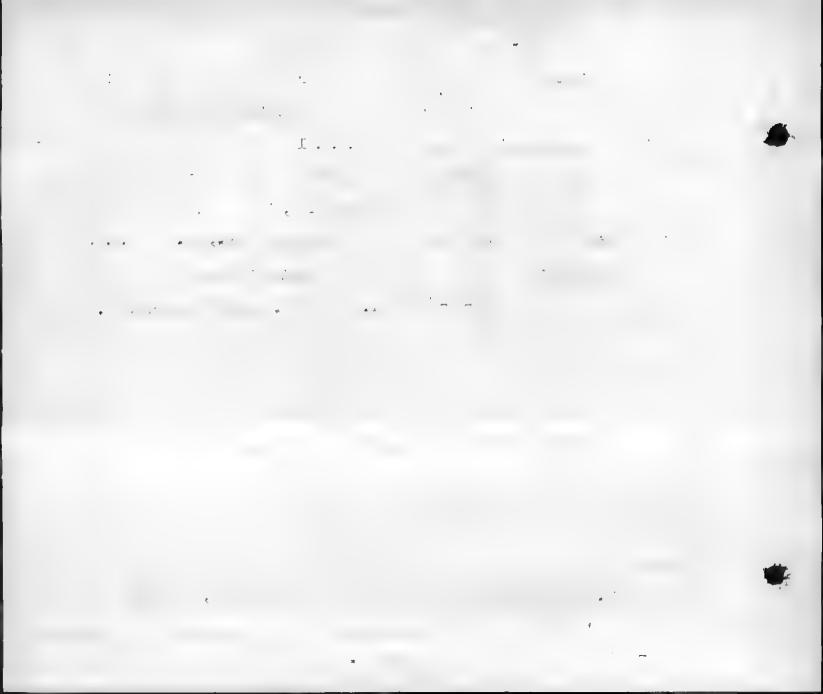
VS A15 (4) 15M 10/57

ARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
3645	CERTIFICATE OF DEATH	

Reg. Dist. No. 302

03656

1. PLACE OF DEATH o. COUNTY	shington		MARYLAN	II A STATE	IDENCE (Who	ere deceased live	ed. Il institutio b COUNTY			
	f outside carporale fimils, carest tawn)	write	LENGTH OF STAY IN 18	c, CITY OR		utside carporate		RAL and giv		
d NAME OF HOSPIT	AL (If not in hospital, given County Hos		ldress)	/d. STREET R.F.D	ADDRESS	MANUFACE ICC	dreit Di	#1 pout	e. IS R	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	EARL First		Middle HARRY	SHAN	rz	4. DATE OF DEATH	March	h	Doy 29	Yeor 19 59
S. SEX	6. COLOR OR RACE 7	MARRIE	D NEVER MARRIED	B DATE OF BIR	TH	9 /	AGE (In years		YEAR IF UN	
Male	White v	VIDOWED	DIVORCED TO	Septemb	er 7, :	1882 "	ost birthday) 76 yrs	Months D	ays Hour	s Min.
dur ng most of work Retired Lat	ung lite, even if retired)	1	IND OF BUSINESS OR INI			ton Co.		1	EN OF WHA	AT COUNTRY
13. FATHER'S NAME				14 MOTHER	S MAIDEN N	AME				
Georg	ge Shants				Bessie	Lineba	ngh			
	R IN U. S. ARMED FORCE (If yes, give wor or dates of servi	cel	3-16-1455	Mr. Char			Addre		id.	
	mmediate (e per line		entic ;	Reart	- desia	sa.		ONSEJ AN	SETWEEN D DEATH
20a. ACCIDENT WAS	S UNDERLYING D 20	one	Expluyed Expluyed IEE HOW NURY OCCUR	ma				N IN PART I	PERF	S AUTOPSY FORMED?
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	While	URY OCCURRED 20e. Not while at work	PLACE OF INJURY factory, street, offic	(Home, form, ce bldg., etc.)	20f (City or I	lown)	(Co	unty)	(Stafe)
1 1 ' '	2	eceased, 1956	2, and that dea	th accurred a	18 A	M, fram th	e causes ar	nd an the	date sta	e deceased ted above DATE SIGNED
PHYSICIAN'S NAME (Type) DI	r. Paul Harr	ison			Ha	gerstown	n, Mary	land		
220 BURIAL, CREMATION REMOVAL (Specify) Burial	B/1/1959		22c. NAME OF CEMETERY ROSE HILL C			22d. LOCATION		caunly)	(Ste	ote)
23. FUNERAL DIRECTOR'S Suter-Rouz	er Funeral	Home	ADDRESS Hagerstown			BY REGISTRAR APR 2 '5	24b. REGIST	TRAR'S SIGN	ATURE	4.150



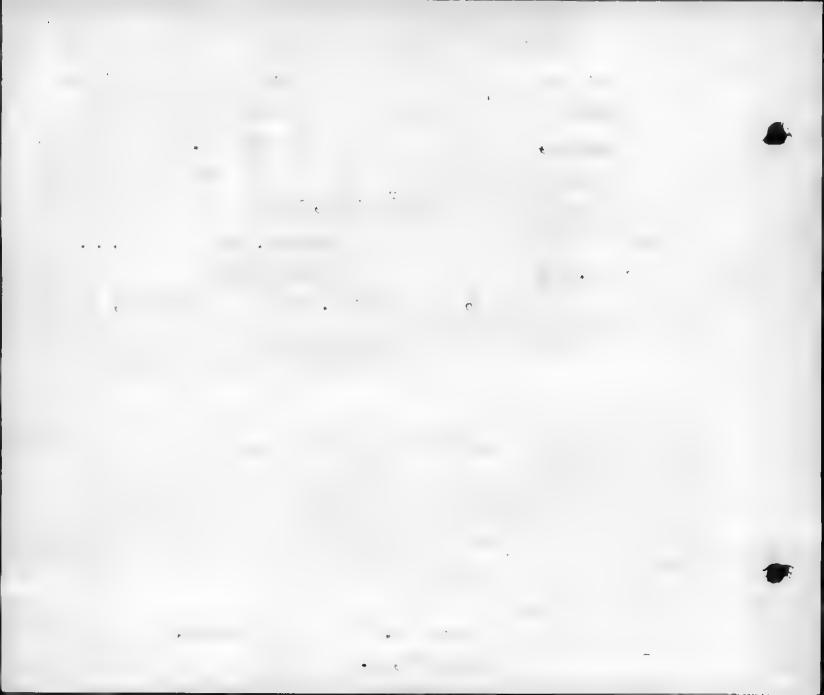
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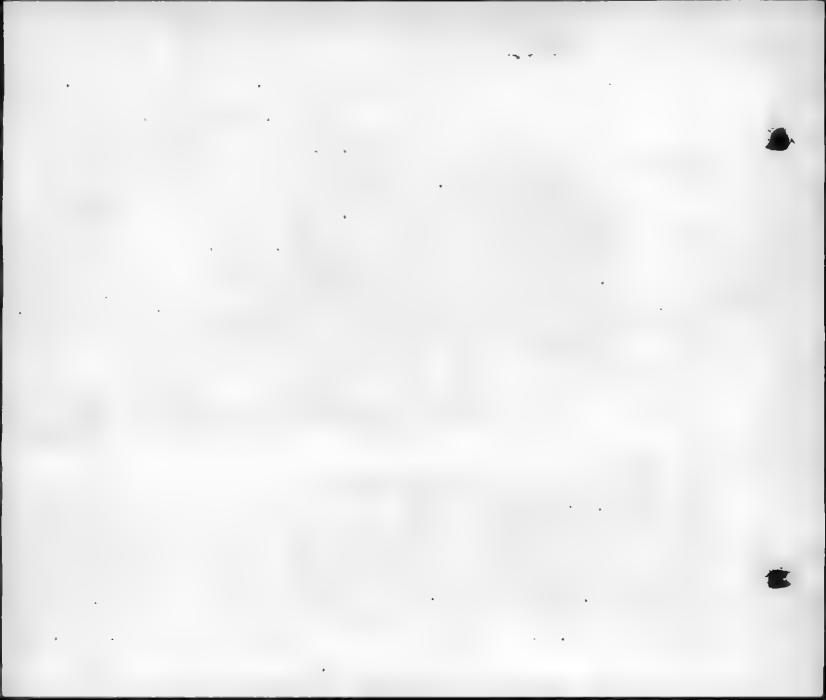
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3646

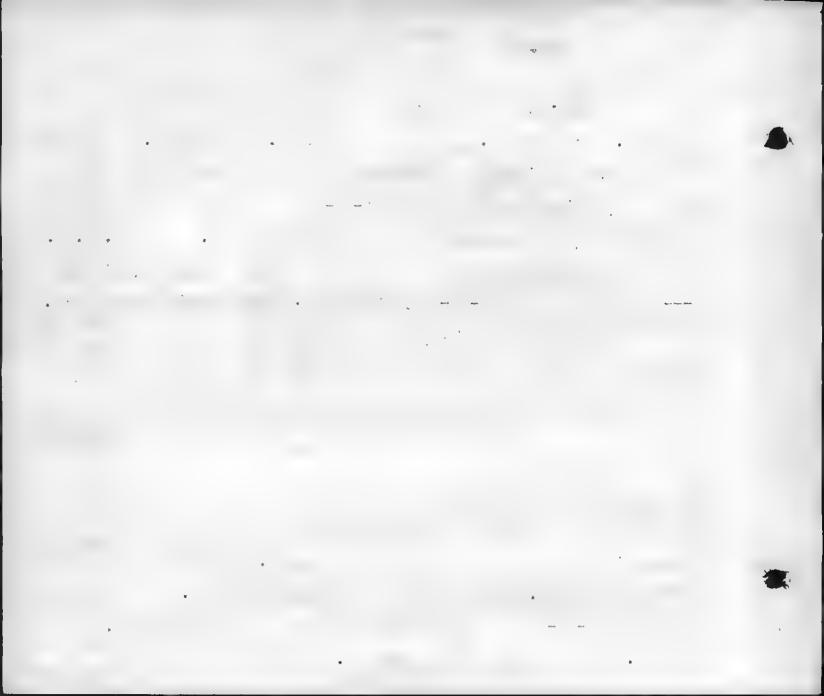
CERTIFICATE OF DEATH

03657

· ·	040	CERTIF	ICATE OF D	EATH			Reg. Di	st. No.	30%	2
1. PLACE OF DEATH O COUNTY Washingto	n	MARYLA	If a STATE	ENCE (Whe		b. COUNTY		shin		
b. CITY OR TOWN (If autside carpor RURAL and give nearest lawn) Hagerstown		8 months		OWN (If ou		te limits, write R	URAL ond	Bise uso	rest lowi	n}
d NAME OF HOSP TAL (If not in hose or institution 533 Brewn Av		address)	d, STREET A		Brown .	Ave.				SIDENCE A FARM? NO
3 NAME OF DECEASED (Type or print) PAUTA	First	Middle	SHEA		4. DATE OF DEATH	March	ih	26	'	Yeor 19 59
5. SEX 6. COLOR OR White	RACE 7 MAR	RIED NEVER MARRIED	77 7.0			AGE (In years lost birthday) yrs	Months Months	Days	Hours	ER 24 HRS
10a USUAL OCCUPATION (Give kind o during most of warking life, even if DONE	f work done 10b retired)	. KIND OF BUSINESS OR I			n, Mar			U.S.		COUNTRY?
13. FATHER S NAME Martin M. Sh	ea		14 MOTHER'S	_	et Scu	lly				
1\$ WAS DECEASED EVER IN U. S. ARMI (Yes no or unknown) (If yes, give wor or the property of th		SOCIAL SECURITY NO	17. INFORMANT Martin M.	Shea.		Hage:	rstow	n,	Mary	yland
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse last. PART II. OTHER SIGNIFICAN 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING II CAUSE OF I	(b) DUE TO (c) IT CONDITIONS DEATH INER) 77, Year 20d. While of wo	SCRIBE HOW INJURY OCCURRED Not while rk of work seed fram.	BUT NOT RELATED TO URRED. (Enter nature of le. PLACE OF INJURY (Infoctory, street, affice	tome, farm, bldg., etc.)	20f (City of American Company) 20f (City of American Company) My from the Company of Company (City of City o	of item 18.) r town) , 19.57 the causes and city or town,	en in Par	County) last so	was performed with the state	
			7.7	P+ / 2.0	F (777)	. 911	12/1 11			
PHYSICIAN'S NAME (Type) 56 /+ 1/2 220 BURIAL, CREMATION, 22b. DATE REMOVAL (Specify)	THEREOF	27C NAME OF CEMETE	RY OR CREMATORY			ON (City, town,			(Stot	e}











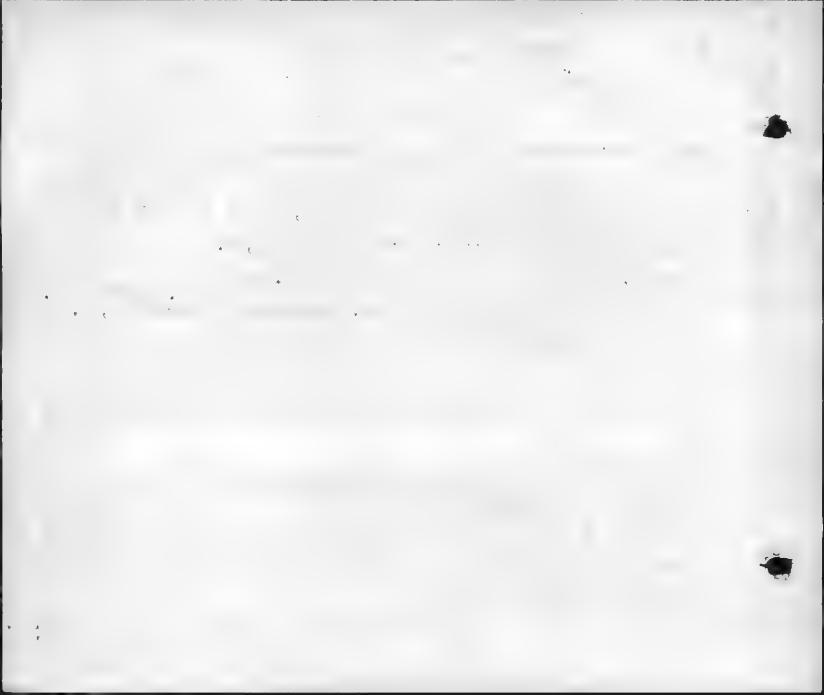
HOSPITAL

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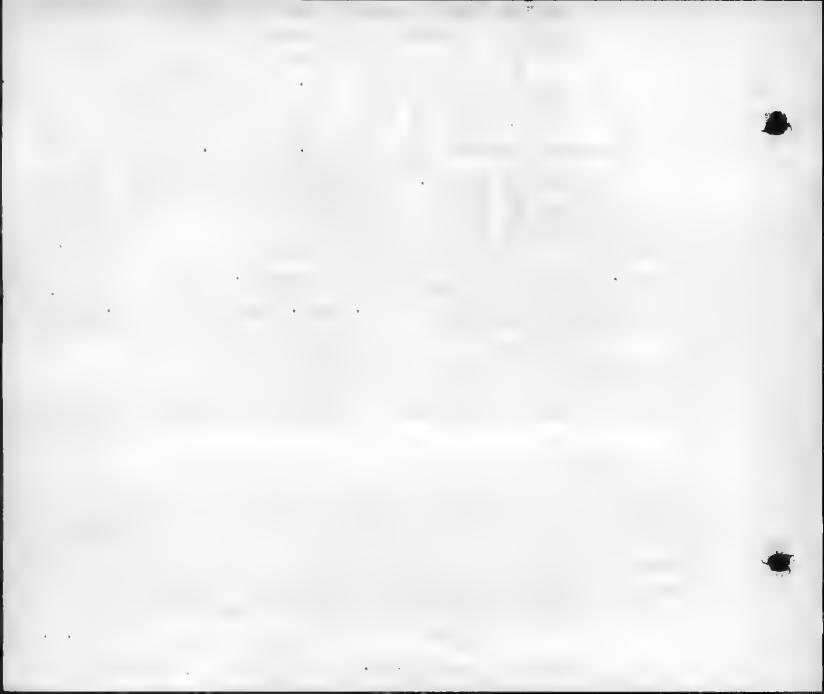




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Reg. Dist. No. 302

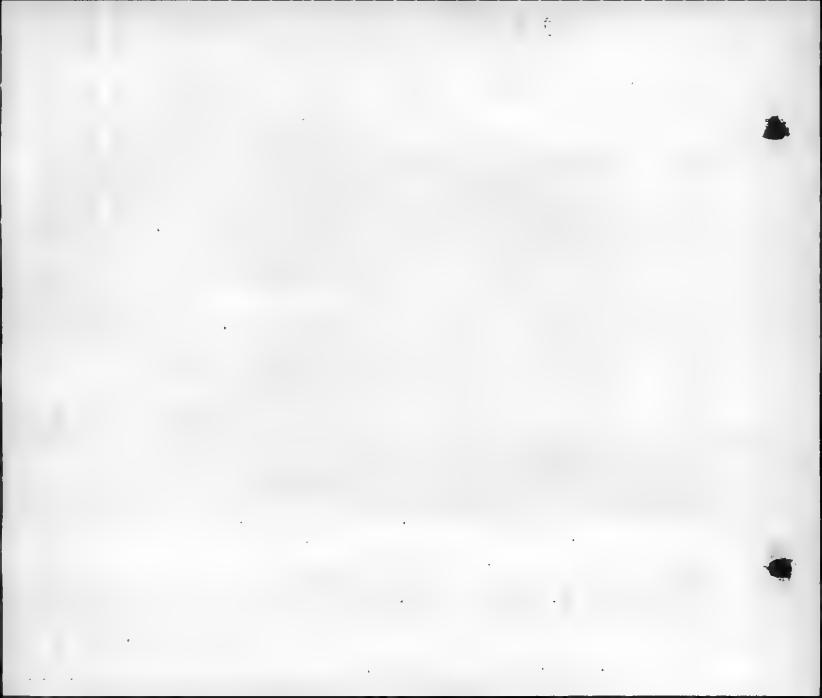
1. PLACE OF DEATH a. COUNTY Washington	HARYLAND	2 USUAL RESIDENCE (WHO OF STATE	ere deceased lived. If institution: Residence bel	ore odm ssion)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside carporate limits, write RURAL and give n	earest fawn)
Hagerstown	23 Yrs	Hagers	town	
d NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
10 So Cannon Ave		/ 10 So C	annaon Ave	YES NO TO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month D	Day Year
(Type or print) MARY	JANE	THOMAS	DEATH March 26 1959	9 19
5 SEX 6 COLOR OR RACE 7. MARRI	IDI NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years IF UNDER 1 YEA	R IF UNDER 24 HRS
Fenale White WIDOWE	D DIVORCED	Feby 7 187	8 lost birthdoy) Months Days	Haurs Min
10a USUAL OCCUPATION (Give kind of work done 10b) during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole of	or foreign country) In C. 12 CITIZEN	OF WHAT COUNTRY
Housewife	Own Home	Hagerstow	n Wash. Co	JSA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
William Eader		Susan	Angle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 9	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
No	None J	ohn L' Thom	as 10 So Sannon Av	re
18 CAUSE OF DEATH [Enter only one couse per line	e for (a), (b), and (c)]	Hagersto	wn Ld. IIN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acute bronche	-pneumonia	01	1SET AND DEATH
4 , DUE TO			lar arteriosclerosis	24 111 5
Conditions, if ony, which) (bl.	Arterioscler	otic myocardia	al herat disease	
gove rise to immediate DUE TO		cardial failur		
lying cause last				
PART II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVEN IN PART 1(0)	
PART II OTHER SIGNIFICANT CONDITIONS CO				YES NO K
200 ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	ort I ar Part II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	None			
(= · · · · · · · · · · · · · · · · · ·		ACE OF INJURY (Home, form, tory, street, office bldg, etc.)	20f (City or town) (County	r) (Slote)
Hour e.m. P. m. NON6 19 White of work	1400 Attitle [none		-
21. I certify that I attended the decease	ed fram Oct.	, 19. 38, to	Mar. 26151 59, that I last :	cou the decease
alive on Mar. 26 19			PM, from the causes and an the de	to stated -
0000	1' - 0		ADDRESS (Street, city or town, state)	DATE SIGNE
ACTUAL SITUALINE SITUALINE	wells	115	N. Potomac Street	3.07.50
		M.M	THE TAX PRODUCT A PRESENTATION	
PHYSICIAN'S NAME (Type) S. Robert	Wells, M.D.	Hag	erstown, Maryland	
220 BURIAL, CREMAT ON, 22b. DATE THEREOF	22c NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or county)	(State)
Burial 3/28/59	Rose will	~	Hagerstown Wash. (Co Md
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 246, REGISTRAR'S SIGNATI	URE
Andrew K. Coffman H	agerstown L	d. DATE	AR 31 '59 Clather & 1	-40 A

neral director, d be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 On Aller this capiticale las been signed by the altending physician and cample by filled in by letached for use as the buriahtransis permit. Then please remove carbon papers. Pages I and 2 to burial, cremation, ar remayal, and in any event within 72 hours offer-death. the hospital ar attending physician. may be retain

TO FUNERAL D

page 3 shauld

the registrar prior VS A15 (4) 15M 10/57



3678 CERTIFICATE OF DEATH

Reg. Dist. No.

1	1	3	6	6	{	-

	1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Where deceased o. STATE		e before admission)
	Washington	MARYLAND	Maryland	Washing ton	
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	ate limits, write RURAL and gi	ve nearest town)
	Williams ort	9 Mo.	Hagerstown		
â	d. NAME OF HOSP TAL (If not in hospital, give street OF INSTITUTION	oddress)	d STREET ADDRESS		e 15 RESIDENCE ON A FARM?
à	Williamsport Sanata	rium	1834 W. Washin	ngton at	YES NO
	3 NAME OF First	Middle	Lost 4. DATE	Month	Doy Year
	(Type or print) JOHN		RULPOWER DEATH		959 19
	5 SEX 6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B DATE OF BIRTH		YEAR IF UNDER 24 HRS
	Male Thite widow	VED DIVORCED	May 3 1875	83 yrs	Poys Hours Min
	10o. USUAL OCCUPATION (Give kind of work done 10b				EN OF WHAT COUNTRY
	Harme most of working life, even if retired)	Retired	Clear Spring	Wash. Co	UBa
	13 FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
	Peter Trumpower		Malinda Ster	ffey	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes requer unknown)		NFORMANT	Address	
	(Yes no or unknown) If yes, give wor or date of service)	13-24-9788 Nr	s Nora S. Trumpo	ower 1824W.	Wash St
	1B. CAUSE OF DEATH [Enter only one couse per l	ine for (o), (b), and (c)]	Hagerstown Ld.		INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	CEREBRAL HEM	ORRHAGE WITH HEM	IOPLEGIA	ONE MONTHS
	442 X DUE TO	DEDTENCINE A	TED LOCATEDOT LA	040010	
	Conditions, if ony, which) (b)	PEKIENSIVE AI	RTERIOSCEEROTIC	CARDIO-	
	gove rise to immediate couse (a), stating the under	VASCULAR R	ENAL DISEASE		UNKNOWN
	tying couse lost. (c)	***************************************			
	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?
	[A]				YES NO
	PART II OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH UTIF EITHER, NOTIFY MEDICAL EXAMINER	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Part	II of item 1B)	
	1 = 1		ACE OF INJURY IHome, form, 20f. (City trong, street, office bldg., etc.)	or town) (Co	ounty) (State)
	Hour o. m. 19 of wo	Not while to			
	21. I certify that I attended the decea	sed from OCT 14	19.57, to MARCH	17 . 19 59 that Lk	ast saw the decease
	alive on FEB 12 19	59 , and that death	occurred at 5:30PM, from	the causes and on the	e date stated above
		\rightarrow		reet, city or town, state)	DATE SIGNE
	SIGNATURE CULLULUS	Ober Cohen	М.D		
h,	/	DT COUEN M	CLEAR SPRING	. MARYLAND	2/19/50
9	PHYSICIAN'S ARCHIE ROBE	RT COHEN, M.	D. CLEAR SPRING	MARTLAND)/ IU/)J
	220 BUR AL, CREMATION, 22b DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY 22d LOCAT	ION (City town, or county)	(Stole) Aud
	REMOVAL (Specify) Burial 3/21/59	St Pauls Ce	metery near C	lear Spring	Wash Co
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY REGISTI		NATURE
	Andrew K. Coffman Hay	reretama a a	DATE MAR 2 3 '5	9 arthur S.	times

uneral director. To INSTITE OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 y the haspital or attending physician.

Call: After this certificate has been signed by the attending physician and completely filled in detached for use as the burial-transit permit. Then please remays expan papers. Pages 1 and to be mid, arematian, a remayal, and in any event within 72 hydrs after beath. TO FUNERAL Did page 3 shauld by the registre prior i VS A15 (4) 15M 10/57





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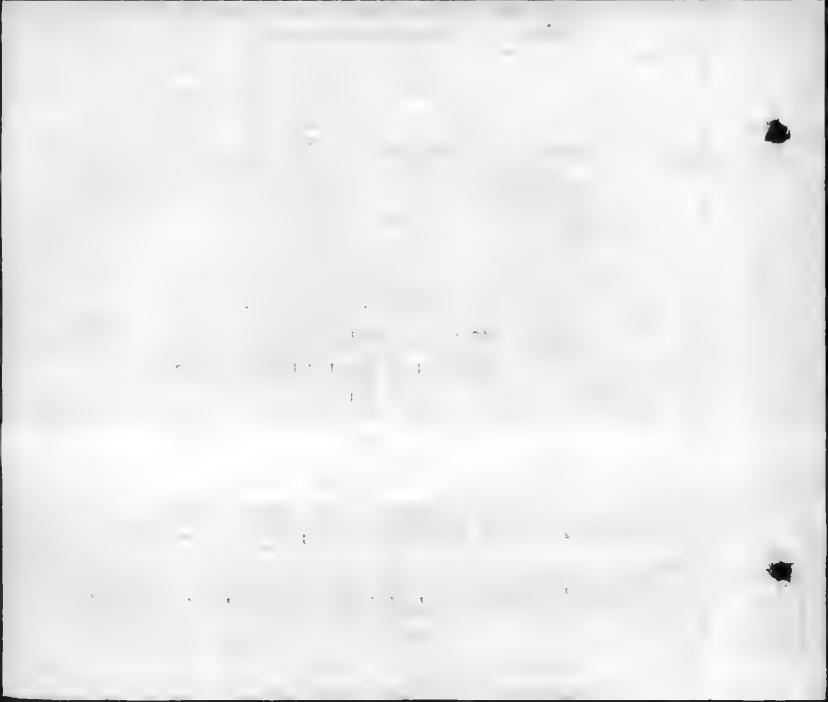
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3654

CERTIFICATE OF DEATH

03668

-										KAR' DI	31, 140	•	
	PLACE OF DEATH G. COUNTY	Washington		MARYL	AND 2	USUAL RESI	aryaar	ore decease	d lived. If instituti b. COUNTY			gton	tion)
	b. CITY OR TOWN (I RURAL and give no	f outside carporate limi	ts, write	c. LENGTH OF STAY IN	N 16	c. CITY OR 1	TOWN (If o	utside carpo	rote limits, write R	URAL and	give ne	arest tow	n)
		gerstown		7 hrs.		H	agerst	own R	1#2				
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	,	d. STREET A	DDRESS					a, IS RE	SIDENCE FARM?
1	Tash	ington Coun	ty Ho	spital	_ /	T+,	ural						NO [
3.	NAME OF	Fir	ıt	Middle		los	ı	4. DATE	Mor	ith	De	19	Yeor
	DECEASED (Type or print)	EMMA		CATHERII	NE.	WATKI	NS	OF DEATH	Marc	h			19 59
5.	SEX		7 MARR	IED T NEVER MARRIED		ATE OF BIRTI			9. AGE (In years			******	ER 24 HRS
	Female	White	WIDOWI		the state of the s	Feb.20	.1879		last birthday)	Months	Doys	Hours	Min,
100	USUAL OCCUPATION	ON (Give kind of work of	fanel 10b.	KIND OF BUSINESS OR				or foreign c		12. CI	TIZEN C	F WHAT	COUNTRY
	during most of worl	ung life, even if retired		Medical		_		-	Penna.		USA		
13.	FATHER'S NAME	AT MAR DE		Medicar	11	4. MOTHER'S			rema.		UDA		
		Ephraim	B. Lak	(e			Mary	Jane	Harr				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR			17. INFO	RMANT	111,000 3	0.4410	Add	ren			
	NO	(If yes, give wor or doles of s		72-03-0281	1	E.Mve	rs R#	49 Uc	gerstown				
-		ma ferrant			ILODO	• D • III (C:	10 10	7~ 110	Ser 200111	9 102CC +	Line	COULT OF	*****
		ATH [Enter only one co ATH WAS CAUSED BY:		MASSIVE CE	DEDD	AT LIE	Monn	HACE				ERVAL BE	DEATH
1	11/2	IMMEDIATE CAUSE (o		TASSIVE CE	REDN	AL HE	MURK	MAGE				12 +	IRS_
1	1-4-0	DUE TO		PERTENSIV	/E AD	TEDIO	0001.0	DOTI	LICABT				
	Canditions, if o)	FERTENSIV	E AR	CIERIL	JOULE	KUII	HEARI		-		
	couse (o), sloting					DISEA	CE				111	NIV NIZ	141.40
,	lying couse lost) (c										<u>NKN(</u>	
ğ	PART II QTI	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	IH BUI NO	FRELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	(a) [[PERFC	AUTOPSY RMED?
5				NONE								YES [NO K
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OC	CURRED. (E	nler natura d	ול יחוְערץ וֹח ל	art I or For	f II of item 18.)				
MEDICA	20c. TIME OF INJUR	Y Month, Day, Ye			Oe PLACE	OF INJURY I	Home, form,	20f (City	r ar lawn)	{	County)		(State)
WED	ρ. m.	19	While of wor	Not while	Tuctury	, 311227, 011101	a mindii airi						
	21. I certify th	at I attended the	decens	ed from MARCH	21	19 59	to M	ARCH	22, 195	9 that I	fast s	nw the	deceases
	1.4.4.4	RCH 22	12.5	_	tenth ac				n the causes o				
H		A			300111 00	COLLEGE OF			treet, city ar town,		****		ATE SIGNED
	ACTUAL SIGNATURE	elie Cobe	us C	Thew-	M D								
	PHYSICIAN'S NAME (Type)	ARCHIE R	OBER	T COHEN,	M.D.	CLE	AR S	PRINC	MD.		3/2	3/59)
220		N, 226. DATE THEREC	F	22c NAME OF CEMET	ERY OR CE	REMATORY		22d. LOCA	TION (City, lawn,	or county)		(Stol	0)
	REMOVAL (Specify) Burial	3/24/5	9	Rest Ha	aven l	Cemeter	ry	Har	erstown		, 1,	a.	
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			24a. REC'E	BY REGIST		STRAR'S SH			
	Rest Have	n Funeral (ha e	l Inc. Hage	rstow	n, ía.	DAMAR	2 6 '59	and	wg 8. 1	Traces	1	

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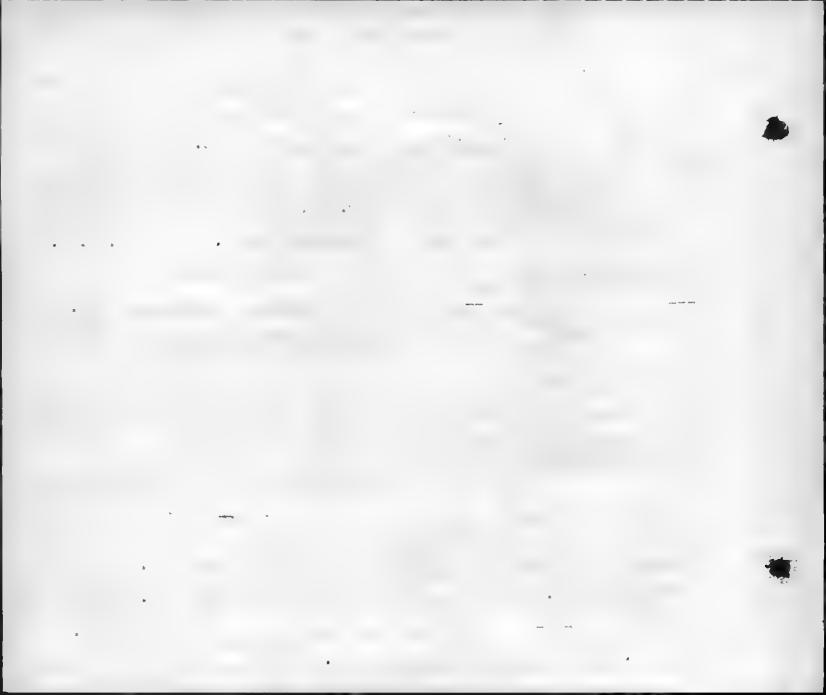
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3655

CERTIFICATE OF DEATH

03669

Reg. Dist. No.

۲.	PLACE OF DEAT	TH					2 11017	1 PECIDEN	CE MAL		and loosed	. If instituti	- Parida	b.(\
1	o. COUNTY		abd makes			MARYLANI	III n. ST.	ATE				COUNTY				
-	L CITY OF TO		shington		- two-separate				cyle						line	
П	RURAL ond g	ive ne		iits, write		OF STAY IN 1		Y OR TOW	VN (If or	n _t zide carp	orate lin	nits, write R	URAL ond	give ne	orest tow	u)
L	Hage:				38	year				rsto	Wn					
	OR INSTITUT	ION	AL (If not in hospital,	_			d. 51	REET ADDI	RESS						# IS RE	SIDENCE A FARM?
	Was.	hir	igton Cou	unty	Hospi	tal		816	Lai	nval	e St	te				3 NO 1
3.	NAME OF DECEASED		F	int		Middle		Lost		4. DATE		Mon	ılh	De	зу	Yeor
	(Type or print)	Me	ude	Ste	lla	LW.	lliam	on		DEAT	Н	Mar	eh.	(9	19 59
5.	SEX		6. COLOR OR RACE	7. MA	RRIED NEVE	R MARRIED	B. DATE C	F BIRTH			9. AG	E (In years		1 YEAR	IF UND	ER 24 HRS
	Female		White	WIDO	VED 🔀	DIVORCED [Mar	. 31.	. 18	369	los1	birthday) 39 yrs	Months	Days	Hours	Min,
10	. USUAL OCCU	PATIO	(Give kind of working life, even if retire	done 10	. KIND OF 8US	INESS OR IN	DUSTRY 11	IRTHPLACE	(State	ar foreign			12. CI	TIZEN C	DF WHA	T COUNTRY
П	House	W	Te	0)	Own H	ome	B	entor	ודער	11e	Va.			U.	S.	Δ
13.	FATHER'S NAM	E						THER'S MA			- 64 4				7.	
L	Jose	ph	Matthews	3				F	Rach	nael	Wat	ere				
15.	WAS DECEASE	D EVER	IN U. S ARMED FO	RCES?	S. SOCIAL SECU	RITY NO. 17	INFORMAN		-0.01		1100	Add	ress			
100	is, no, or unknown) and not upp	- [If yes, give wor or dates of	service)	00 40		Owen 1	V4334	ame	2On	H.	agers	t our		Ma	
F	IR CAUSE OF	F DEA	TH {Enter only one o	OHIO DAY	line for (a) (b)		11022	ال عاد عاد عاد عا	COLLEGE	3 011		18 CT 2	LOWI.		V. e	ETWEEN
	1		H WAS CAUSED BY:		0 - 0	Oction	inach.		1 mit	1. 11	10	1-0-	+	ON	SET ANI	DEATH
			IMMEDIATE CAUSE (upra	and t	JUN HOU	Artes	WCC	u Me	HEA!	MATERIAL PROPERTY.	ialra	K	40	pear.
	+		DUE TO	0											Ç	,
	Conditions,		mediate	b)												
	cause (a), sta	iting t		0												
١,	lying couse			c)						-						
Į į	PART II	. QTH	ER SIGNIFICANT COI		-4 1	TO DEATH	BUT NOT RELA	TED TO TH	ETERMI	NAL DISEA	SE CON	DITION GIV	EN IN PAI	(o) []	19. WAS PERFO	AUTOPSY ORMED?
Ž	رن	20			elevote	Har	L Ain	المساحل							YES [NO 🔃
CERTIFICATION	OR CONTRIBU	T WA TING DTIFY	S UNDERLYING [] [] CAUSE OF DEATH WEDICAL EXAMINER)	20b. Di	SCRIBE HOW II	NJURY OCCUP	RRED, (Enter n	oture of Inj	jury in P	ort I or Po	ort II of i	tem 18.)				
MEDICAL			Month, Day, Y	ar 20d.	INJURY OCCUP	RED 20e.	PLACE OF IN	JURY (Hom	e, form,	20f. (Ci	ly or taw	/n)	(County)		(Stote)
AED!	Haur a	i pi	19	While of w	Not whi		factory, stree	l, affice blo	ig., etc.	1						
1		_	at I attended the	- 1			1.	- 1º .	. 3	- 9		10 6	'		.4	
		A IV		e dece			I'	3	4 4 10			., 19	Zihat L	lost se	aw the	decease
	alive on			۲۱ بــــ	, an	d that dea	3th Occurre	id 0 21.				COUSES C		he da		
	ACTUAL	/	0.	711	77	DT						1ac A			D	ATE SIGNE
	SIGNATURE_	_	acin	VVI			M.D		77	70 1	O OTT	ta c	ve.			
L	PHYSICIAN'S NAME (Type)	Da	lton	Wel	ty	7	-		He	ger	ston	m	$M_{\tilde{d}}$			
22	O. BURIAL, CREM	ATIO	V, 226. DATE THERE		22c. NAME	OF CEMETERY	OR CREMAT	ORY		22d 10C	ATION (City, town,	or county)		(Sta	1e)
L.	Barry a fr		3-11-	-59	Ba	ptist	emet	ery			Be	enton	vill	е	Va.	
100	FUNERAL DIREC				ADDRES	-			a. REC'E	BY REGIS	STRAR		STRAR'S SI	GNATU	RE	
1	Scott E		Minnich	& S	on Hag	gerato	own 1	Id . DA	TE MA	AR 1 1	'59	a	rthur S	. The	u.A	



VS A15 (4) 15M 10/57 3679 CERTIFICATE OF DEATH

Reg. Dist. No. 302

,	1. PLACE OF DEATH 6. COUNTY a.shi	ngton		MARYL	NND	2 USUAL RESI		ere deceased	lived If institution			m ssion)
	b. CITY OR TOWN (III RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	v 16	c CITY OR	TOWN (If a	utside corpor	ole limits, write R			lown)
	Hagersto			40 Yrs		× 1	Hager	stown	1 R # 2			
- 1	d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street o	ddress)		d STREET A		_			e IS	RESIDENCE N.A. FARM?
		11 Road				Hope	well	Road				NO □
- 1	3 NAME OF DECEASED	Fir	37	Middle		Los	st	4. DATE	Mon	th	Day	Yeor
		OHN JA	COB	WINTER	YO.	ER		DEATH	March	10 19	59	19
-	5. SEX	6 COLOR OR RACE	7 MARRII	ED NEVER MARRIED		B DATE OF BIRT	Н	1	AGE (in years last b rthday)		YEAR IF U	NDER 24 HRS
	Male	White	WIDOWED		444	Dec. 5	1879		79 yrs		'	
	100 USUAL OCCUPAT Of dyring most of work Farker	N (Give kind of work in ing life, even if retired	1)	ind of ausiness or Retired	INDU:	1			rgan Co	a J2 CITIZ	EN OF WI	
ı	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Char	cles F. W	inte:	rmover		D	orot	hy E.	Turner	•		
	15 WAS DECEASED EVER			OCIAL SECURITY NO.	17, H	NFORMANT			Addi			
Į	No			None	C.	Fred 1	Tinte	rmoye	r Hage	rstow	n Mo	
		TH [Enter only one co		for (o), (b), and (c)]		R #	2				INTERVA ONSET A	BETWEEN ND DEATH
ı	420,0	IMMEDIATE CAUSE (o		4				/ .				
	Conditions, if a			7		1.7	54	-	X _		3	42 -
	gove rise to in	nmediate ()	survey		eucin) He	ery)	Julian	>	-	
	couse (o), stoting to lying couse last.	the under-										
	PART II OTH			ONTRIBUTING TO DEAT	н вит	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. W	AS AUTOPSY
۱ د	\$										PE	RFORMED?
	ZOO. ACCIDENT WAS OR CONTRIBUT NG	S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OCC	URREI	Enter nature a	of injury in P	ort I ar Part	II of item 18.)			<u> </u>
	3 20c, TIME OF INJURY		or 20d. IN.	JURY OCCURRED 2	Oe. PL/	CE OF INJURY (Hame, form,	20f. (City o	or town)	ICo.	unly)	(State)
	Hour o. m.	19	While of work	Not while at work		tory, street, office	e bldg., etc.)					
	21. I certify the	at I attended the	decease	d from 2 -/-	ت	St. 19	<u>ت اه ا</u>	-10	-,457	"that I la	st saw t	he deceased
ı	alive an 3~	-	_, 12	, and that d	leath							
		1 501	1		>		// *	ADDRESS (Str	eel, cuby or lown,	stote)		DATE SIGNED
,	SIGNATURE	a delle	100	180 2		4 D	4	un	lim 1	ref	3	R
	PHYSICIAN'S NAME (Type)	ZEW	ZII	1102				n i de de la compansa			_//	759
F	220. BURIAL, CREMAT OF	1, 22b. DATE THEREO	F	22c. NAME OF CEMET	ERY O	R CREMATORY		22d. LOCATI	ON (City lown, c	or county)	(Stole)
	Burial (Specify)	3/13/59		Hedges	vi3	le Cen	eter	y Heds	gesvill	e Mor		Co W. Va
	23 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTR	-	TRAR'S SIGN	-	
	Andrew K	. Coffman	Hag	rerstown	lad.		DATMAR	1 3 '59	ant	hur S. H	mine	



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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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